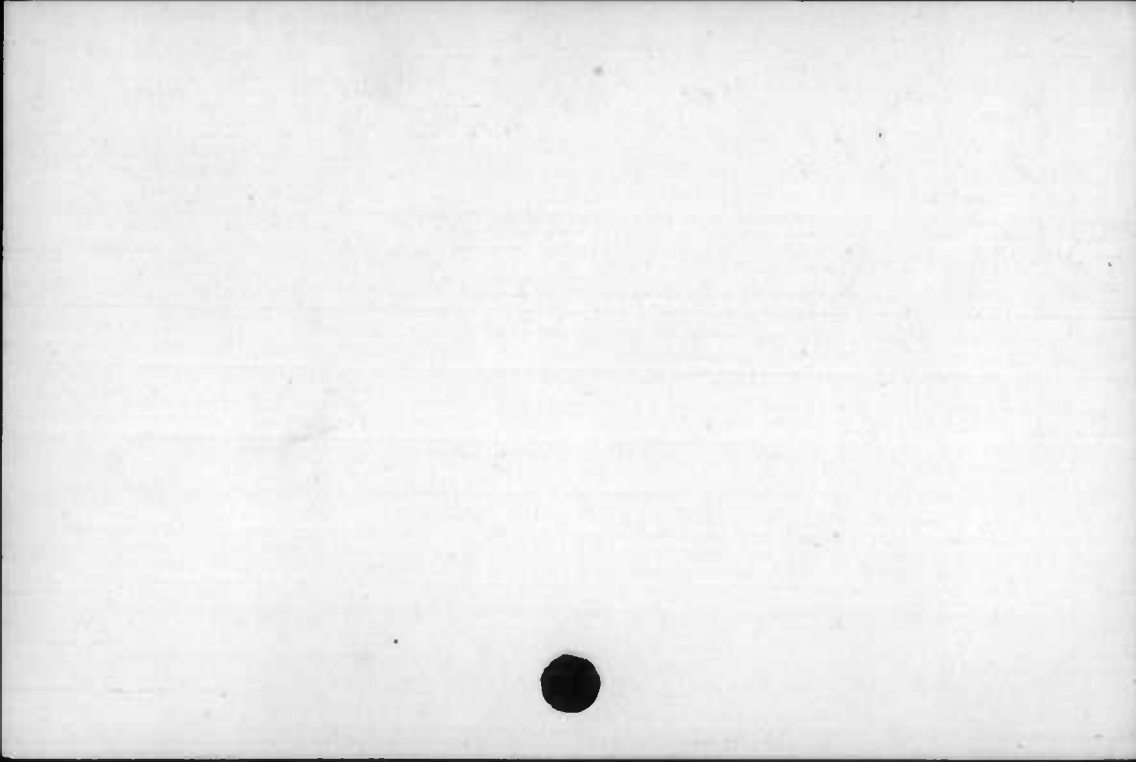


Name in Full		Mary Catherine Bealer				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Lanham ^{Town} ^{md}		Prince ^{County} ^{Geo}		MARYLAND
	Date of death		190 ^{Month} ^{Day} ^{Year}	Age		33 ^{Months}	17 ^{Days}
	Sex		Female		Color or Race		White
	Occupation				Birth-place		Harper Co
					Where Residing if not at place of death		
	Married, Single or Widowed		Married		Name of Wife or Husband		Francis Minger Bealer
	Father's Name		Albert C. Killege		Father's Birthplace		Harper Co
Mother's Maiden Name		Josephine B. Jackson		Mother's Birthplace		Baeton	
Name of person giving information		Husband		How related to deceased		Husband	
				CAUSES OF DEATH		(27)	
PHYSICIAN OR CORONER	Primary		Tuberculosis		How long		6 mo
	Immediate				How long		
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		J. H. Pinner
					Address		Lanham Md
Accident or Suicide?		No					



Name
in
Full

Joseph A Blunden

CERTIFICATE OF DEATH

Died at ^{Town} Riverdale ^{County} Prince George MARYLANDDate of death 1909 ^{Month} Aug ^{Day} 11 ^{Years} Age 62 ^{Months} ^{Days}

Sex Male Color or Race white Birth-place D.C.

Occupation Contractor & Builder Where Residing if not at place of death

Married, Single or Widowed married Name of Wife or Husband Fannie P Blunden

Father's Name John A Blunden Father's Birthplace Va

Mothar's Maiden Name Sarah E Allen Mothar's Birthplace Va

Name of person giving Information Claude Warren How related to deceased Son in Law

CAUSES OF DEATH

Primary

166
How long

Immediate

How long

Are the name, age, sex, color, data and place correctly given above?

Signature of Physician

Address

Accident or Suicida

Accident

Struck by train on the
Baltimore & Ohio R.R.
Augustus H Dahler
Acting Coroner
Bladensburg MdTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

John H. Bowles
 Died at *Rosecroft* Town *Pr. Geo.* County
 Date of death *1909* Month *8* Day *22* Age *28* Years
 Sex *Male* Color or Race *Colored* Birth-place *Md.*
 Occupation *Laborer* Where Residing if not at place of death *—*

☒ Married, Single or Widowed Name of Wife or Husband *—*
 Father's Name *Augustus Bowles* Father's Birthplace *Va*
 Mother's Maiden Name *Bynethia Colbert* Mother's Birthplace *Md*
 Name of person giving Information *Bynethia Bowles* How related to deceased *Mother*

CAUSES OF DEATH

116

Primary *Peritonitis* How long *2 days*
 Immediate *Exhaustion* How long *—*

Are the name, age, sex, color, date and place correctly given above? *yes*

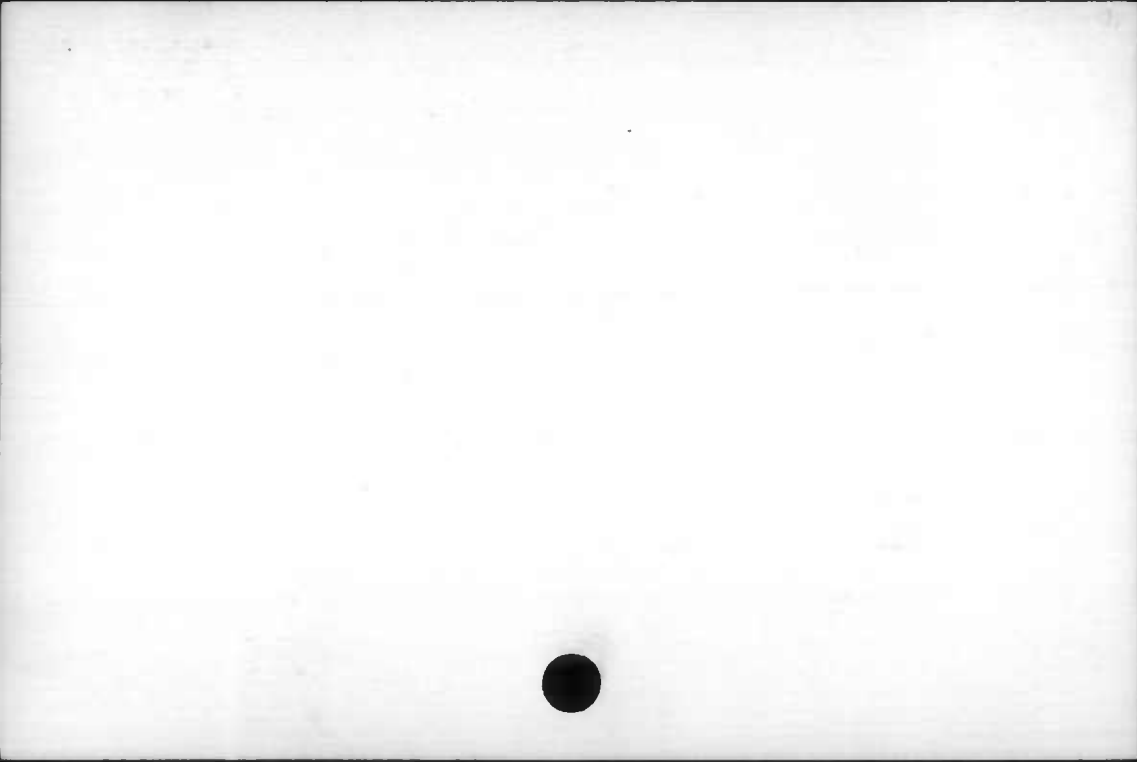
Signature of Physician

Address

E. P. Simpson M.D.
Rosecroft, Md

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDName *Mary Francis Bowler.*
Town *Huntsville* County *Gr*

Died at

MARYLAND

Date

of death

1909

Month

Aug

Day

23

Age

Years

4

Months

4

Days

7

Sex

female

Color or
Race

Caucasian

Birth-
place

Washington D.C.

Occupation

Infant

Where Residing if not
at place of death

-

Married, Single
or Widowed

single

Name of Wife or
Husband

None

Father's
Name

Frank Bowler.

Father's
Birthplace

Va

Mother's
Maiden Name

Maggie Ireland

Mother's
Birthplace

Md

Name of person giving
Information

Maggie Ireland

How related
to deceased

mother

CAUSES OF DEATH

166

Primary

Back injured from
fall accidentally.

How long

4 weeks.

Immediate

Infection

How long

1 week.

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

H. H. Hillis

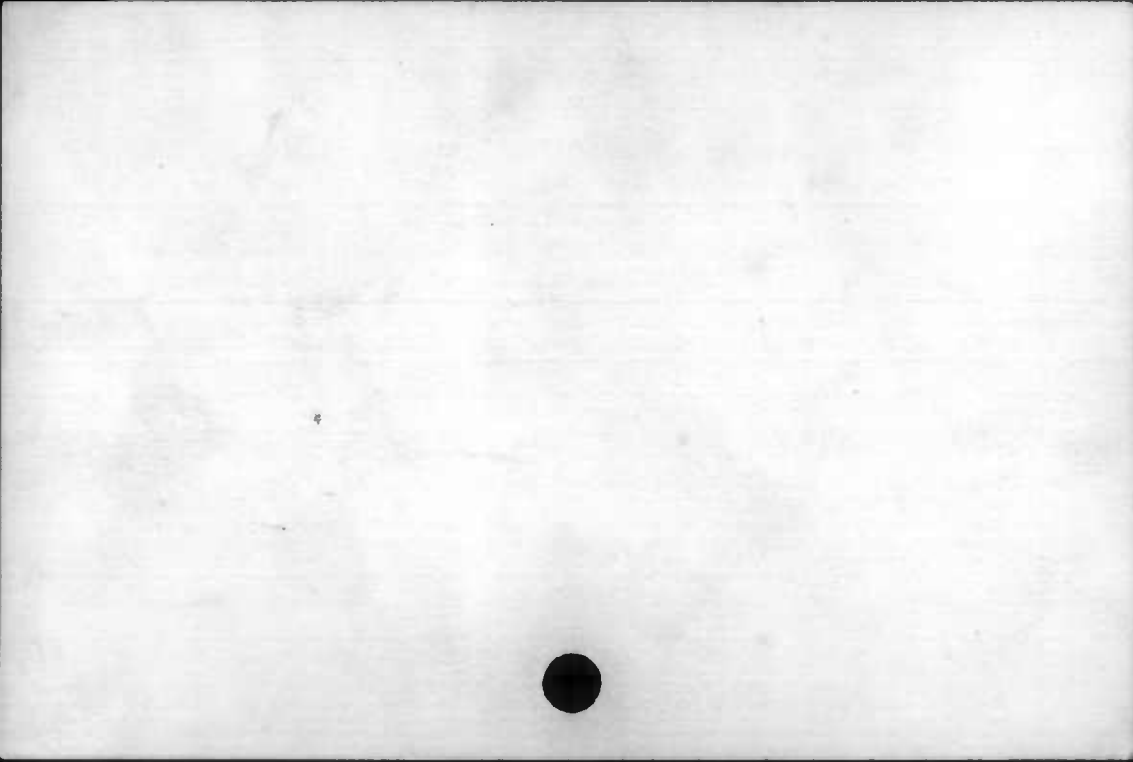
Address

Huntsville
Md.

Accident or Suicide

No.

PHYSICIAN
OR CORONER



Name
in
Full

Patrick J. Brennan

CERTIFICATE OF DEATH

Died at

Hyattsville.

County

Prince George

MARYLAND

Date

of death

190

Month

9 Aug

Day

10

Age

Years

40

Months

Days

Sex

male

Color or
Race

white

Birth-
place

Ireland

Occupation

Contractor

Where Residing if not
at place of deathMarried, Single
or Widowed

married

Name of Wife or
Husband

Patrick J. Brennan

Father's
Name

Patrick Brennan

Father's
Birthplace

Ireland

Mother's
Maiden Name

Mary Murphy

Mother's
Birthplace

" "

Name of person giving
information

Marion G. Brennan

How related
to deceased

Wife

CAUSES OF DEATH

112 X

Primary

Cirrhosis of the Liver & Chronic Bright's Not known

Immediate

Cardiac Insufficiency Three weeks

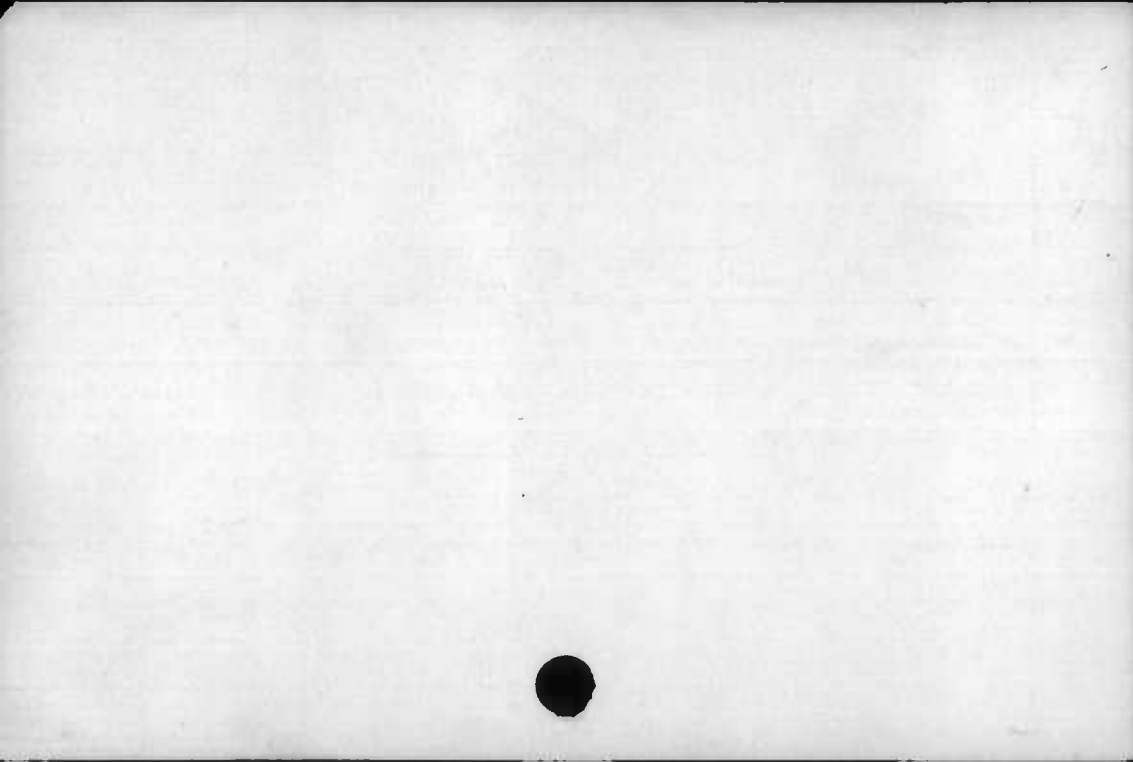
Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

H. M. Newman M.D.
2403 Parker N.W.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Belinda Brughan

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		State	
Samuel		Puncheon		Puncheon		Maryland	
Date of death	1909	Month	8	Day	27	Age	77
Sex	Female	Color or Race	White	Birth-place	Ohio	Months	—
Occupation	None			Where Residing if not at place of death			
Married, Single or Widowed	Single			Name of Wife or Husband			
Father's Name	Thomas Brughan			Father's Birthplace			
Mother's Maiden Name	Socinda Stewart			Mother's Birthplace			
Name of person giving information	Emma Brughan			How related to deceased			
			Niece				

CAUSES OF DEATH

66

PHYSICIAN
OR CORONER

Primary	Senile Dementia	How long	7 yrs
Immediate	Hemiplegia	How long	8 days.
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		Jesse C. Cragg	
Address		Samuel	
Accident or Suicide?		No	
		Maryland.	

Mr John Guafie,
Cading Ohio.

Name
in
Full

William D
Laurie

Burley

CERTIFICATE OF DEATH

MARYLAND

Died at

Date

of death

1909 Aug

Month

Day

28

Age

Years

Month

Days

Still Birth

Sex

Girl

Color or
Race

Black

Birth-
place

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Joe Burley

Father's
Birthplace

md

Mother's
Maiden Name

Rebecca Clark

Mother's
Birthplace

md

Name of person giving
Information

Joe Burley

How related
to deceased

Sister

CAUSES OF DEATH

Primary

Still Birth

How long

How long

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

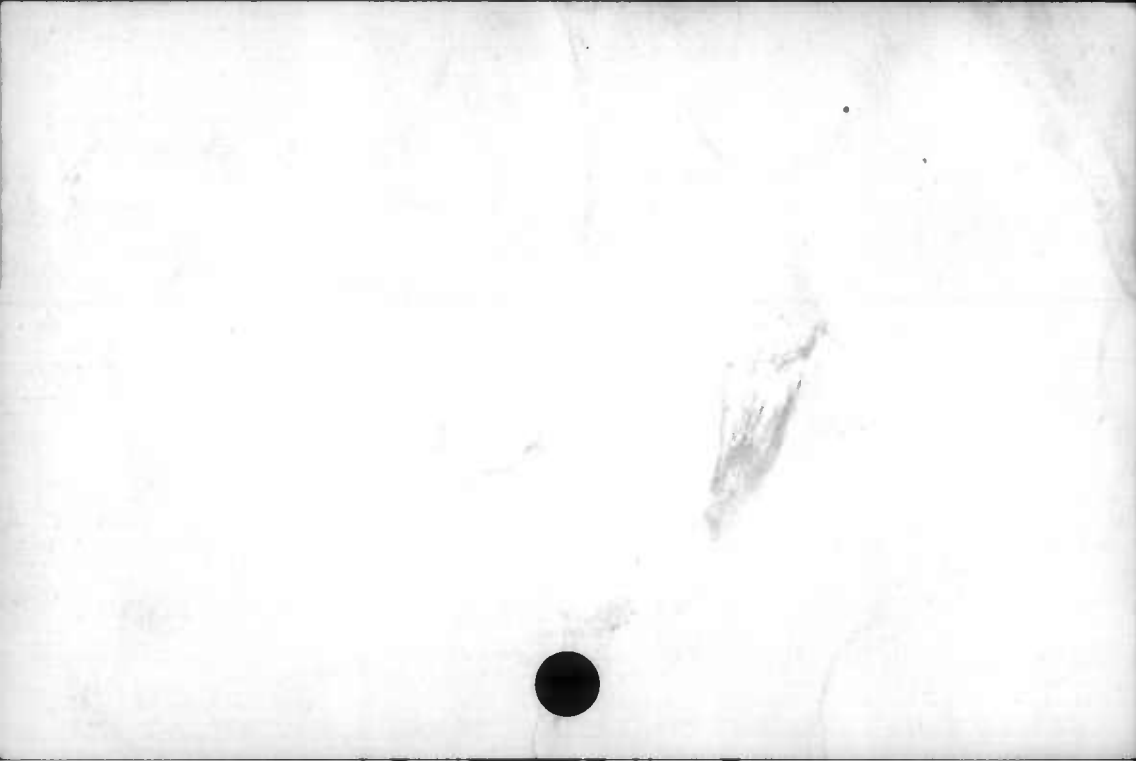
Address

J. H. Hunter
Laurie

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

John Thomas Carnall

Town

County

Died at

Baltimore

Prager

MARYLAND

Date

Month

Day

Years

Months

Days

of death

1909

Aug

19

Age

24

Sex

male

Color or
Race

Caucasian

Birth-
place

Baltimore

Occupation

Laborer

Where Residing if not
at place of death

Baltimore

Married, Single
or Widowed

single

Name of Wife or
Huaband

✓

Father's
Name

Moses Carnall

Father's
Birthplace

Ala

Mother's
Maiden Name

Celia Hawkins

Mother's
Birthplace

Va

Name of person giving
Information

Jennie Fletcher

How related
to deceased

sister

CAUSES OF DEATH

7

Primary

Post scarletina nephritis

How long

4 mo

Immediate

anemia

How long

3 weeks

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

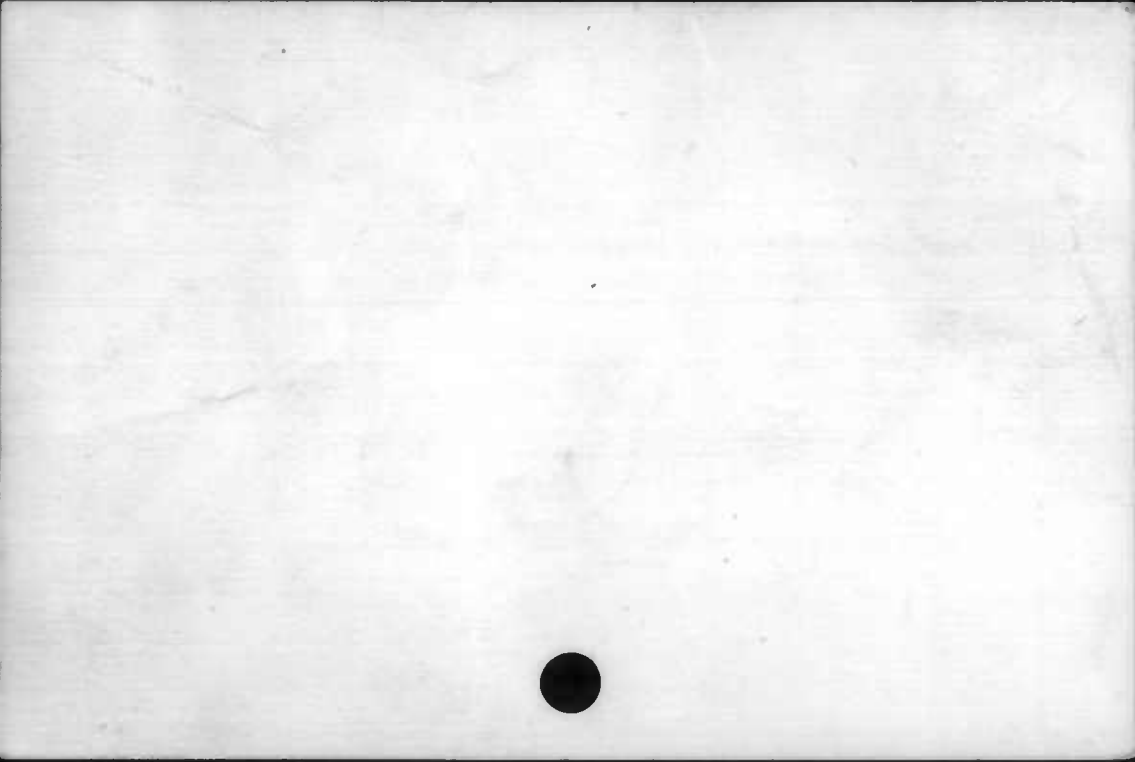
J. H. E. Farmer

Address

Baltimore

PHYSICIAN
OR CORONER

Accident or Suicide



Name in Full		Ed. L. Boyne				CERTIFICATE OF DEATH								
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town	County	MARYLAND								
		Seat Pleasant		Pr. Co.										
		Date of death	1909	Month	8	Day	5	Age	Years	1	Months	1	Days	
		Sex	Male		Color or Race	White		Birth-place	Md					
		Occupation	None				Where Residing if not at place of death				—			
		Married, Single or Widowed					Name of Wife or Husband				—			
		Father's Name				Unknown				Father's Birthplace		Wis		
		Mother's Maiden Name				"				Mother's Birthplace		N. C.		
		Name of person giving information								How related to deceased				
PHYSICIAN OR CORONER		CAUSES OF DEATH				(85)								
		Primary				Purpura Hemorrhage				How long				
		Immediate				Exhaustion				How long				
		Are the name, age, sex, color, date and place correctly given above?				Signature of Physician				T. J. Kemp				
						Address				432 E. St. N. W.				
		Accident or Suicide?								Hale, D. C.				



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Charles Deal
near Mitchellville

Prince Georges
County

MARYLAND

Died at Date of death 1909 Aug. 25th

Age Not Known

Sex Male

Color or Race

Negro

Birth-place

Prince Georges Co

Occupation

Farm laborer

Where Residing if not at place of death

Married, Single or Widowed

Widower

Name of Wife or Husband

Ella ~~Farmer and Karpis~~

Father's Name

Joseph Wesley Deal

Father's Birthplace

Prince Georges Co

Mother's Maiden Name

Marytha Lott

Mother's Birthplace

Prince Georges Co

Name of person giving Information

Emma Sprigg

How related to deceased

Sister

CAUSES OF DEATH

179

Primary

Not Known Had no medical attendance

How long

About 2 weeks

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes, as far as I can

Signature of Physician

J. F. B. Dufour MD
Mitchellville

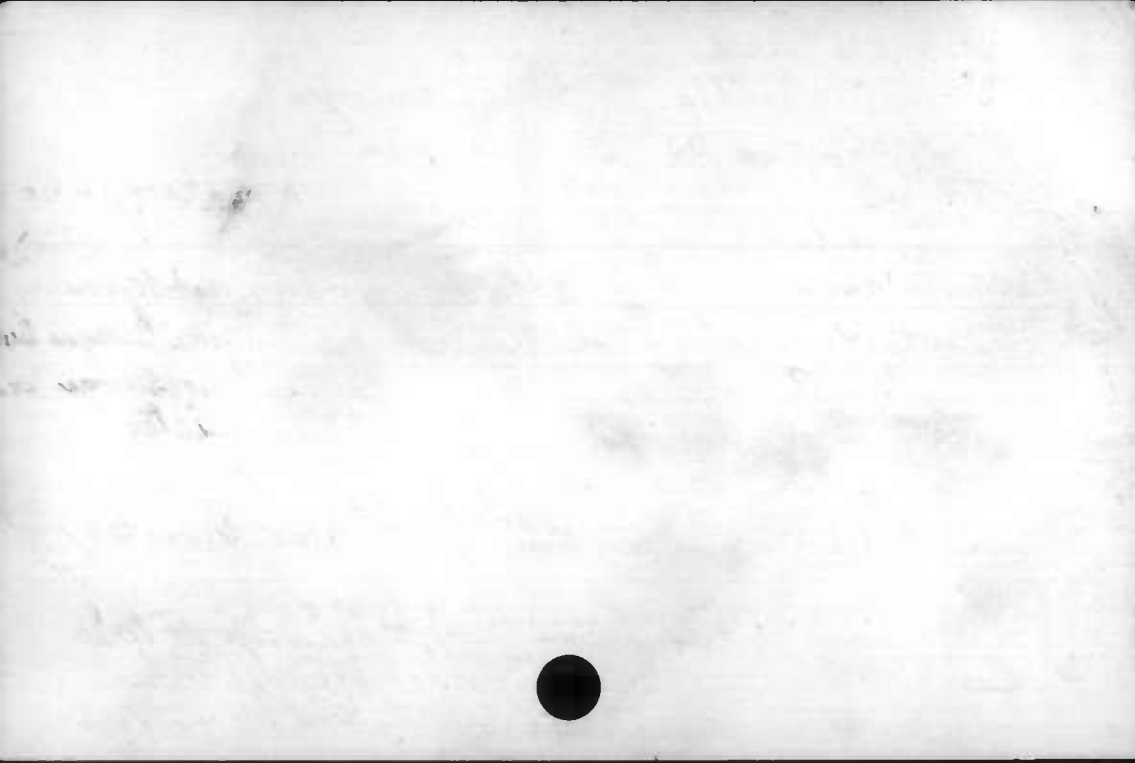
Address

Send out

Accident or Suicide

(I viewed the dead body.) MD

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

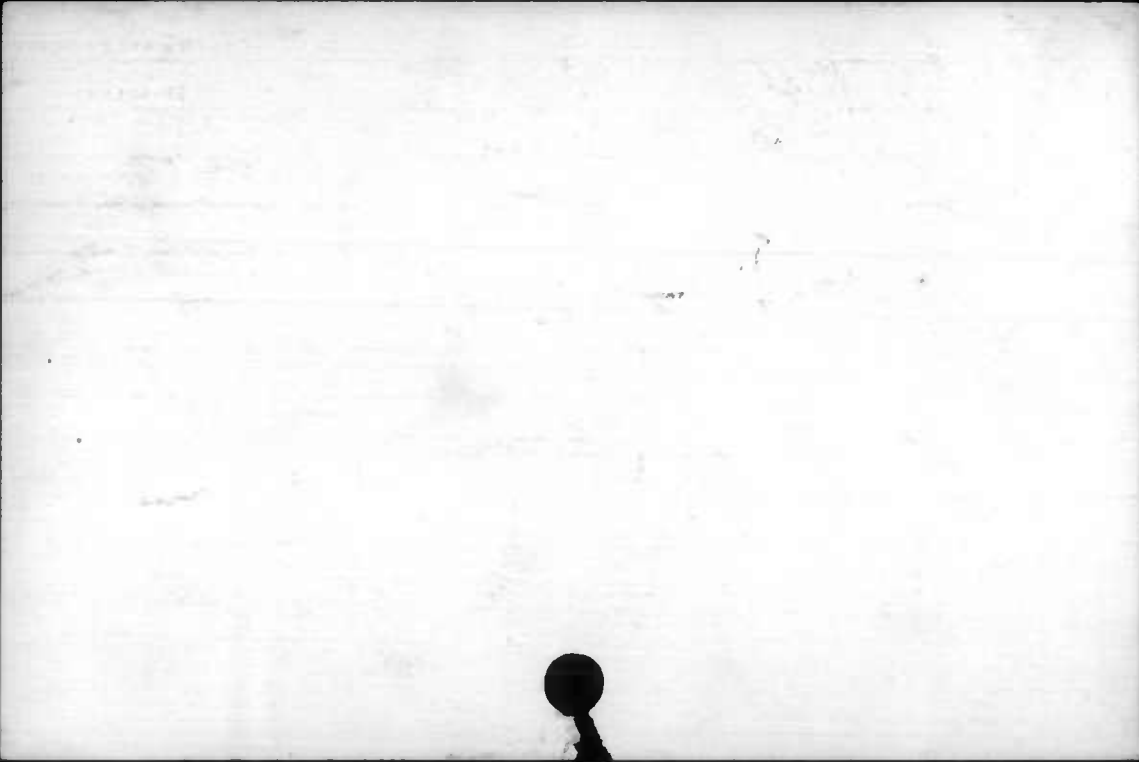
Died at <u>Hypsville</u>		County <u>Pr Geo.</u>		MARYLAND	
Date of death	Month <u>Aug</u>	Day <u>18</u>	Age <u>1</u>	Months <u>3</u>	Days
Sex <u>F</u>	Color or Race <u>white</u>		Birth-place <u>md</u>		
Occupation <u>✓</u>			Where Residing if not at place of death <u>✓</u>		
Married, Single or Widowed <u>✓</u>		Name of Wife or Husband <u>✓</u>			
Father's Name <u>Wm Woor</u>			Father's Birthplace <u>W.C.</u>		
Mother's Maiden Name <u>Mary C. Summers</u>			Mother's Birthplace <u>md</u>		
Name of person giving Information <u>Sister</u>			How related to deceased <u>✓</u>		

CAUSES OF DEATH

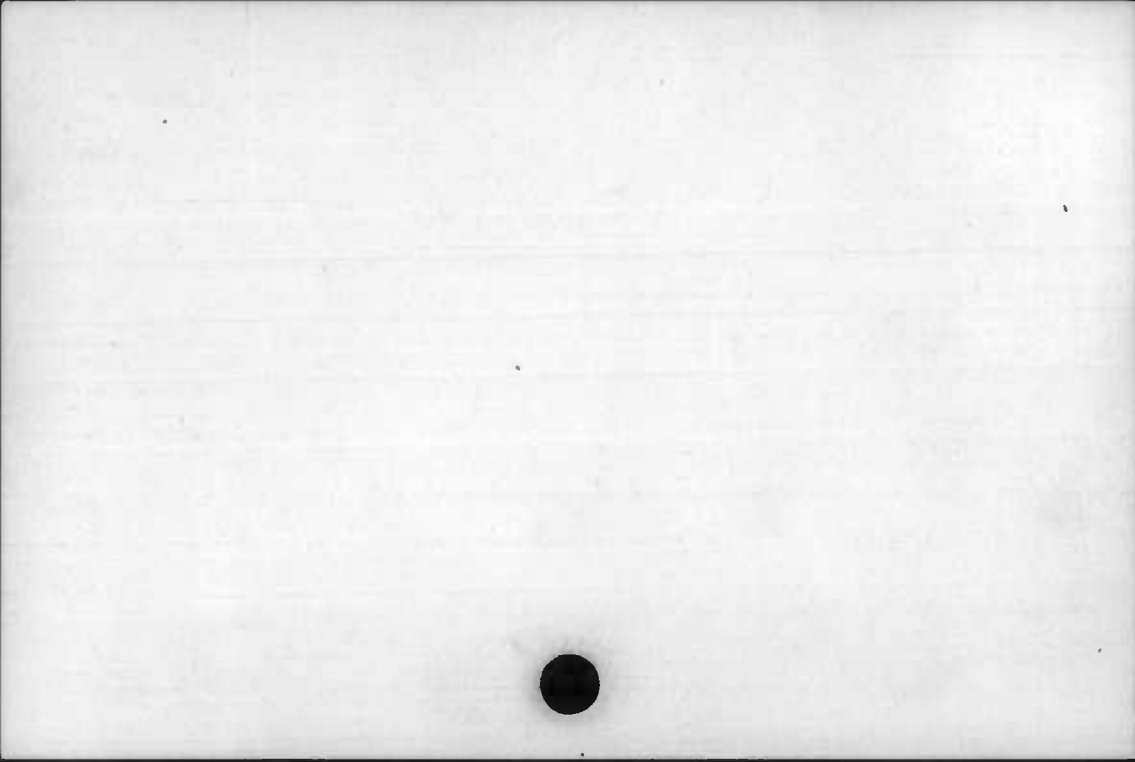
105

PHYSICIAN
OR CORONER

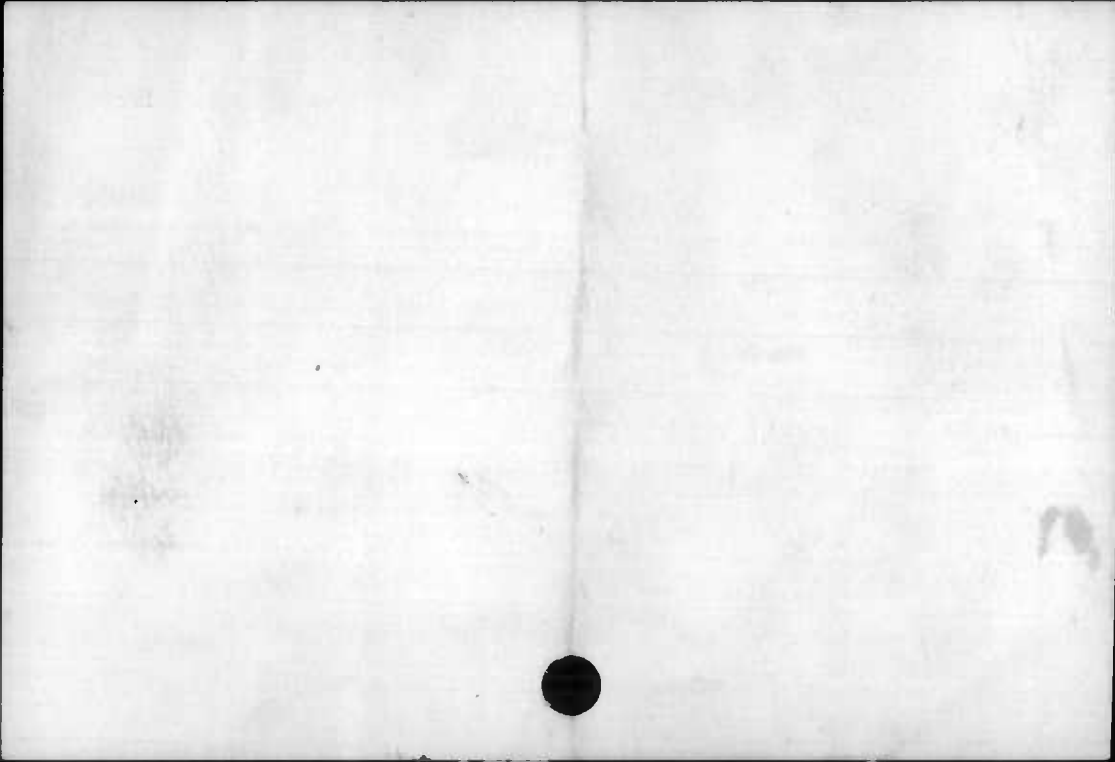
Primary	<u>Acute Gastro Enteritis</u>	How long <u>10 days</u>
Immediate	<u>Cardiac asthma</u>	How long <u>6 hrs</u>
Are the name, age, sex, color, data and place correctly given above?		Signature of Physician <u>Thos E. Patton</u>
		Address <u>Hypsville</u>
Accident or Suicide		



Name in Full		Town				County		CERTIFICATE OF DEATH				
TO BE ANSWERED BY NEAREST FRIEND		Died at		Laurel		Prince George Co		MARYLAND				
		Date of death		190	9	Aug -	25	Age	76	Months	11	Days
		Sex		Female		Color or Race		White		Birth-place		Anne Arundel Co
		Occupation		Housewife		Where Residing if not at place of death		Laurel				
		Married, Single or Widowed		Married		Name of Wife or Husband		Bernard Finaggin				
PHYSICIAN OR CORONER		Father's Name		Joshua Disney				Father's Birthplace		Not Known		
		Mother's Maiden Name		Susan Disney				Mother's Birthplace		" "		
		Name of person giving information		Joshua Finaggin son				How related to deceased		Son		
		CAUSES OF DEATH						<div style="border: 2px solid black; border-radius: 50%; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center; margin: 0 auto;">66</div>		<div style="text-align: center;"> <div style="font-size: 2em; margin-bottom: 5px;">X</div> <div style="font-size: 1.5em;">5 yrs</div> </div>		
		Primary		Paralysis								
		Immediate		General Debility				How long		3 weeks		
		Are the name, age, sex, color, date and place correctly given above?		Yes				Signature of Physician		J. R. Hunter		
								Address		Laurel Md		
		Accident or Suicide?		_____								



Name in Full		Town		County		CERTIFICATE OF DEATH			
Died at		Gray		P. Esco		MARYLAND			
Date of death		1909	Aug	7	Age	Years	Months	Days	
Sex	Female	Color or Race	White		Birth-place	Md			
Occupation	None		Where Residing if not at place of death						
Married, Single or Widowed	Single		Name of Wife or Husband						
Father's Name	Melton Gray.				Father's Birthplace	Md			
Mother's Maiden Name	Cimmie Hayes				Mother's Birthplace				
Name of person giving information	Bernard Gray.				How related to deceased	Brother			
CAUSES OF DEATH									
Primary	Still Born.				How long	8 Y			
Immediate	Prolonged Labor.				How long				
Are the name, age, sex, color, date and place correctly given above					Signature of Physician				
					Address				
					John E. Sansbury				
					Forestrille.				
					Md.				
Accident or Suicide?									



Name
in
Full

George H Harrison

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Belleme ^{Town} Prince George ^{County} MARYLAND

Date of death 1909 ^{Month} August ^{Day} 11 Age 5 1/2 ^{Years} — ^{Months} — ^{Days}

Sex Male Color or Race White Birth-place Mea

Occupation Farmer Where Residing ~~and~~ at place of death

Married, ~~Single~~ ^{or Widowed} Name of Wife or Husband Mary Harrison

Father's Name John H Harrison Father's Birthplace Mea

Mother's Maiden Name Eileen Benson Mother's Birthplace Mea

Name of person giving information May Harrison How related to deceased Wife

CAUSES OF DEATH

174

PHYSICIAN
OR CORONER

Primary adrenichal Chloasma How long about 8 hours

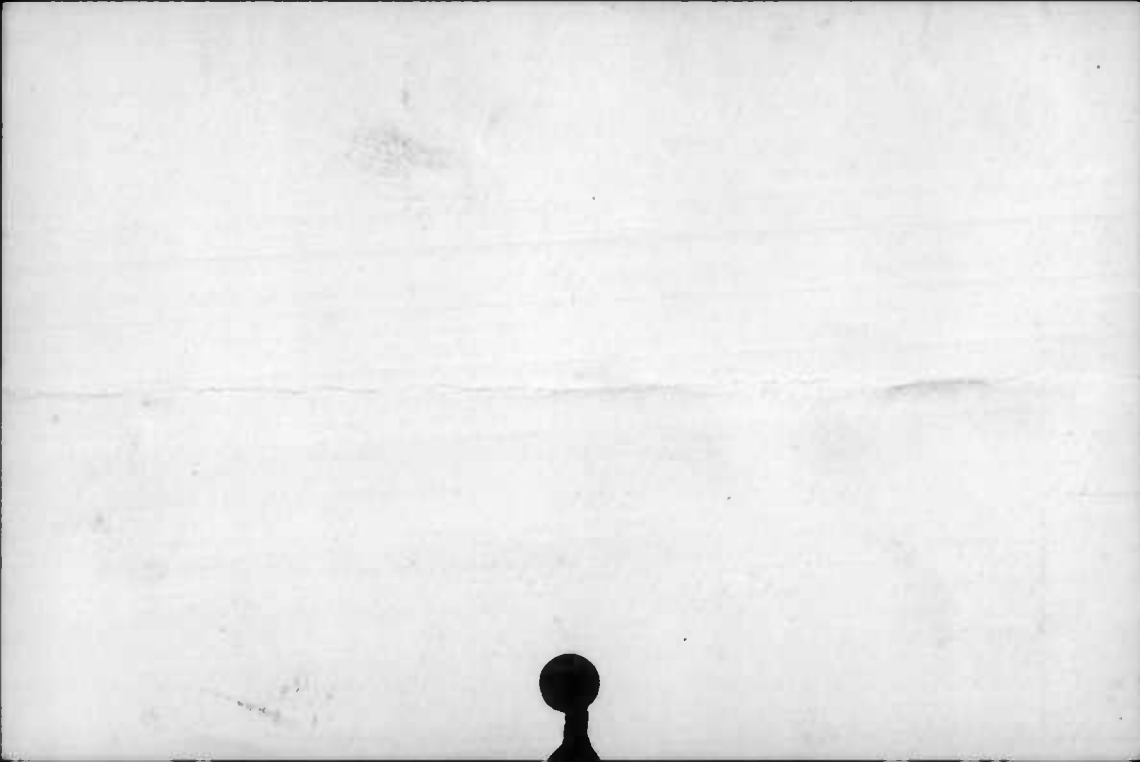
Immediate Shock from Chloasma How long

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician I did not give dr.

Address 6 A. Fox

Accident or Suicide? — Belleme Mea



Name
in
Full

Wm H. Henson

CERTIFICATE OF DEATH

Died at ^{Town} New Glaty ^{County} Prince Geo. MARYLANDDate of death 1909 ^{Month} Aug ^{Day} 5th ^{Years} Age 59 ^{Months} 6 ^{Days} 10Sex Male ^{Color or Race} Black ^{Birth-place} M-dOccupation Farmer ^{Where Residing if not at place of death} New Glaty M dMarried, Single ~~or Widowed~~ ^{Name of Wife or Husband} Susan HensonFather's Name James Henson ^{Father's Birthplace} M-dMother's Maiden Name Christina Jordon ^{Mother's Birthplace} M-dName of person giving Information Frederick Henson ^{How related to deceased} Brother

CAUSES OF DEATH

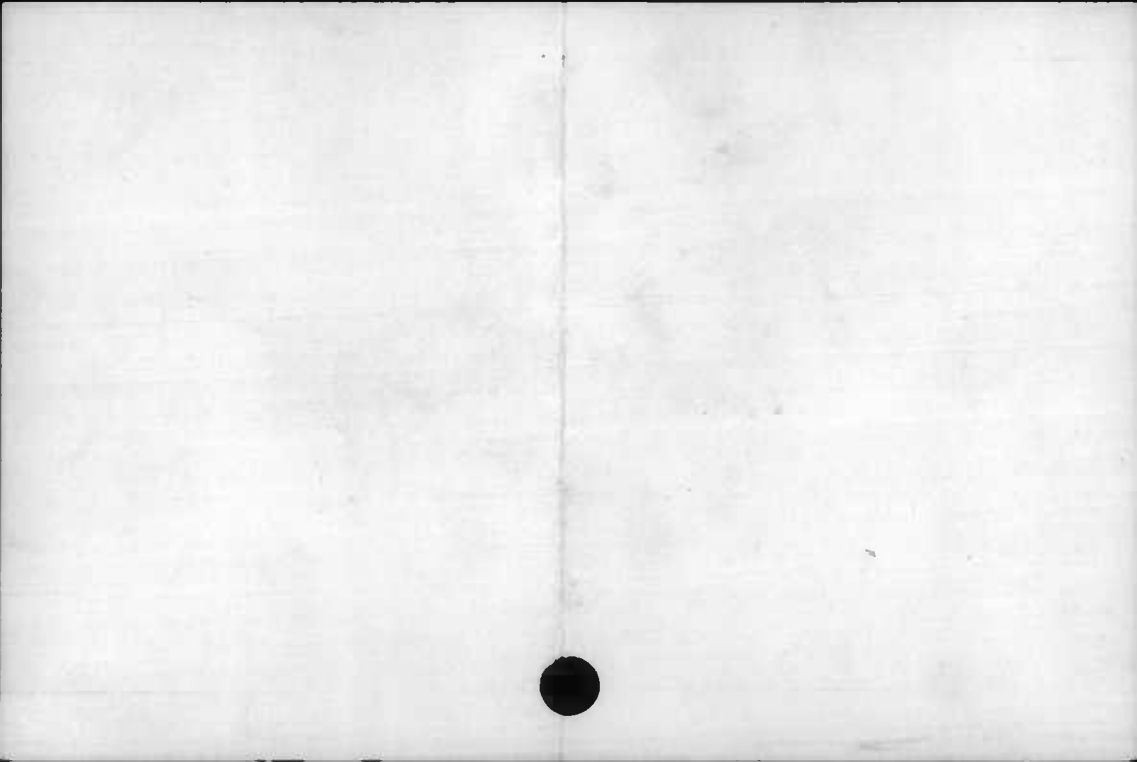
Primary Remittent fever ^{How long} 4 weeksImmediate Asthma ^{How long} one weekAre the name, age, sex, color, date and place correctly given above? yes ^{Signature of Physician} J. M. Parker^{Address} Congress Heights D.C.

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name in Full		Julius R. Ireland				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Leeland</i>		Town <i>Leeland</i>		County <i>Prince George</i>		State <i>MARYLAND</i>
	Date of death <i>1909 Aug.</i>	Month <i>Aug.</i>	Day <i>17</i>	Years <i>33</i>	Months <i>—</i>	Days <i>—</i>	
	Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Prince George Co</i>			
	Occupation <i>Farmer</i>			Where Residing if not at place of death <i>—</i>			
	Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Ida Ireland</i>					
	Father's Name <i>Joseph Henry Ireland</i>			Father's Birthplace <i>A A Co, Md</i>			
	Mother's Maiden Name <i>Sarah Elizabeth Phipps</i>			Mother's Birthplace <i>A A Co, Md</i>			
Name of person giving information <i>Miss Mayson Ireland</i>			How related to deceased <i>Sister</i>				
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: center;">①</div>							
PHYSICIAN OR CORONER	Primary <i>Typhoid Fever</i>		How long <i>about 3 weeks</i>				
	Immediate <i>Acute Nephritis</i>		How long <i>9 days</i>				
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Maclane Cawood, M.D.</i>				
			Address <i>West River, Md.</i>				
	Accident or Suicide?						



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Name *Anna Julia Jacobs* Town *Lexedo* County *P. George*

Died at *Lexedo* Date of death *1904 Aug 6* Age *1* Months *2* Days *22*

Sex *Female* Color or Race *White* Birth-place *D. C.*

Occupation *Infant* Where Residing if not at place of death *Berwyn. Ind.*

Married, Single or Widowed *Single* Name of Wife or Husband _____

Father's Name *Frank C. Jacobs* Father's Birthplace *Vermont.*

Mother's Maiden Name *Annie J. Bowler* Mother's Birthplace *D. C.*

Name of person giving information *Annie J. Jacobs* How related to deceased *Mother.*

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary *Gastro-enteritis* How long *4 weeks.*

Immediate *Exhaustion* How long *2 days.*

Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *L. S. Sausage*

Address *Berwyn, D. C.*

Accident or Suicide?

Switzerland

Name
in
Full

Leo Johnson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Town

New Ballington

County

P.G.

MARYLAND

Date

of death

1909

Month

Aug

Day

6

Age

6

Months

Days

Sex

Male

Color or
Race

Colord

Birth-
place

New Ballington

Occupation

none

Where Residing if not
at place of deathMarried, Single
or Widowed

Single

Name of Wife or
Husband

none

Father's
Name

Benjamin Johnson

Father's
Birthplace

Md

Mother's
Maiden Name

Catharine Williams

Mother's
Birthplace

P.G. Co

Name of person giving
Information

Richard Williams

How related
to deceased

Uncle

CAUSES OF DEATH

Primary

Fever

How long

10 days

Immediate

Heart Failure

How long

Few hours

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
PhysicianJames H. Truitt
Bowie

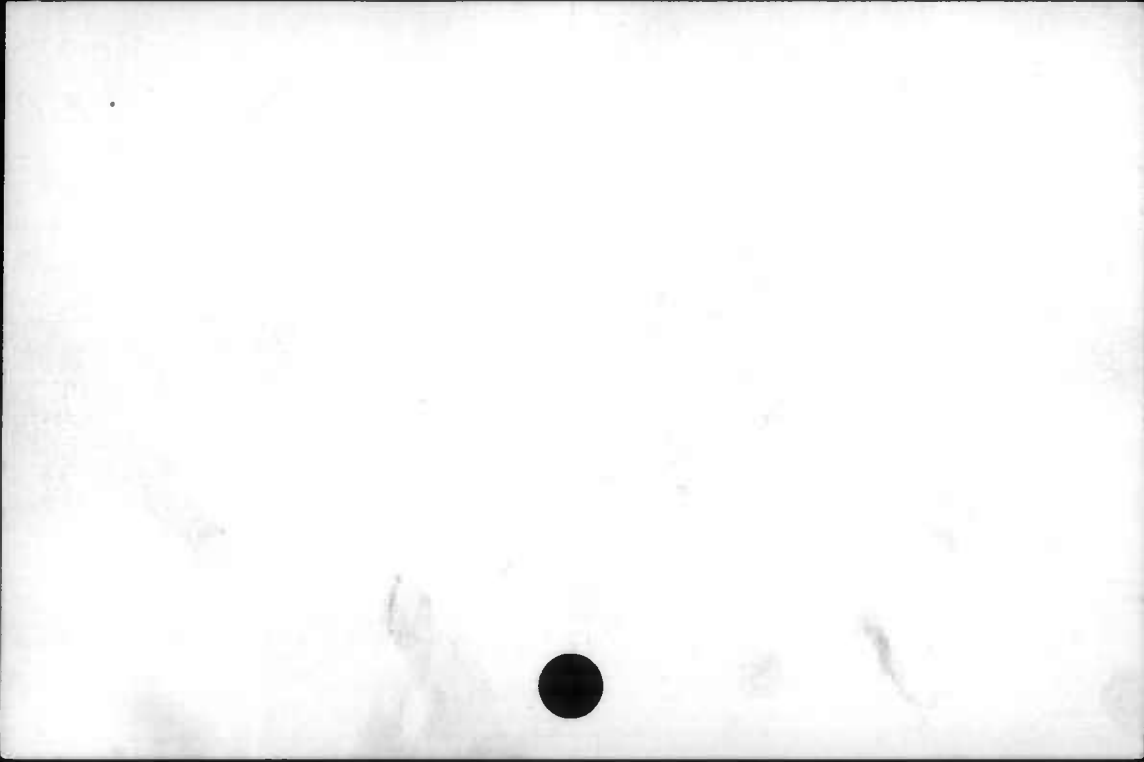
Address

Accident or Suicide

(Mittin)

Md

PHYSICIAN
OR CORONER



Name
in
Full

Pearle R. Johnson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Allentown ^{Town} Pr. Geo. ^{County} **MARYLAND**

Date of death 1909 8 ^{Month} 10 ^{Day} Age — ^{Years} 6 ^{Months} 8 ^{Days}

Sex Female Color Red Birth-place Md.

Occupation — Where Residing if not at place of death —

Married, Single
or Widowed —Name of Wife or
Husband —Father's
Name

Arthur Johnson

Father's
Birthplace

Md.

Mother's
Maiden Name

Lillie Coates

Mother's
Birthplace

"

Name of person giving
Information

Lillie Coates

How related
to deceased

Mother

CAUSES OF DEATH

179

Primary

Marasmus

How long

2 mo

Immediate

Exhaustion

How long

Are the name, age, sex, color, date
and place correctly given above?

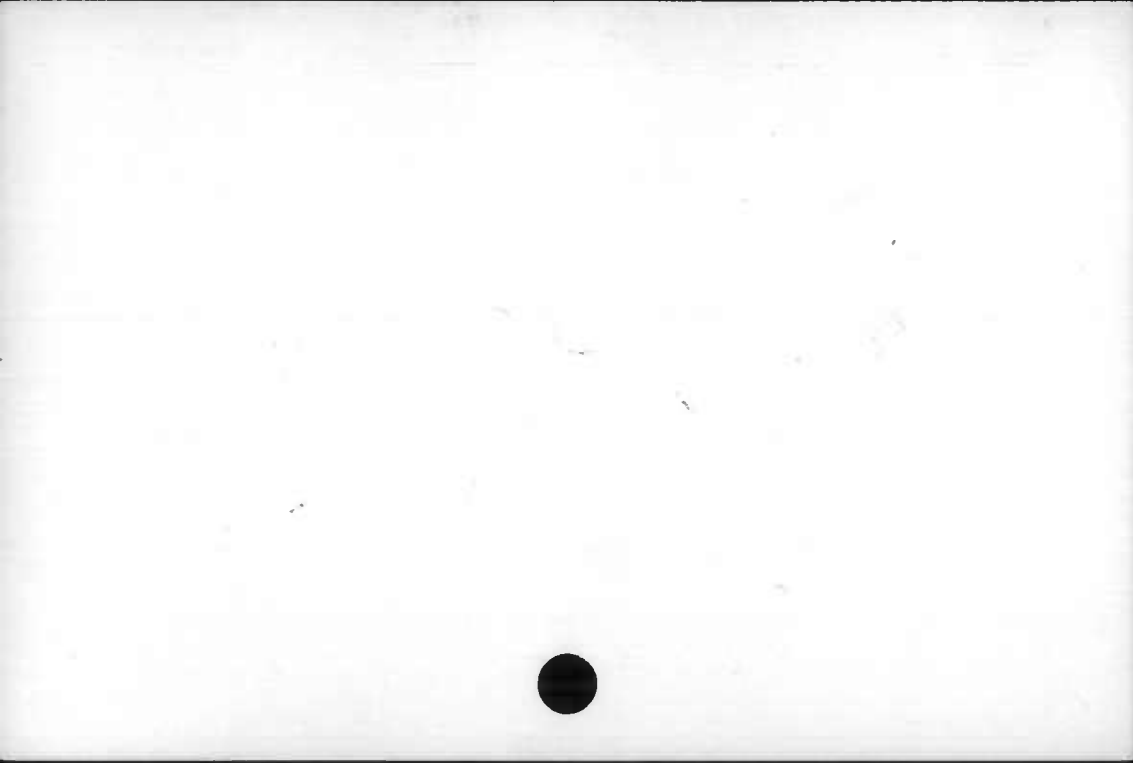
Yes

Signature of
PhysicianE. P. Simpson
Rockcroft Md.

Address

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

Mary Agnes Jones

CERTIFICATE OF DEATH

Died at

Marlboro

County

P. Leo

MARYLAND

Date

of death

1909

Month

Aug

Day

27

Years

Age

46

Months

—

Days

—

Sex

Female

Color or
Race

White -

Birth-
place

Penn

Occupation

Housewife

Where Residing if not
at place of death

—

Married, Single
or Widowed

Married

Name of Wife or
Husband

James Jones

Father's
Name

James Pollock

Father's
Birthplace

Penn

Mother's
Maiden Name

McGinnis

Mother's
Birthplace

Penn

Name of person giving
Information

James Jones

How related
to deceased

Husband

CAUSES OF DEATH

42

Primary

Cancer (uterus)

How long

18 mos

Immediate

How long

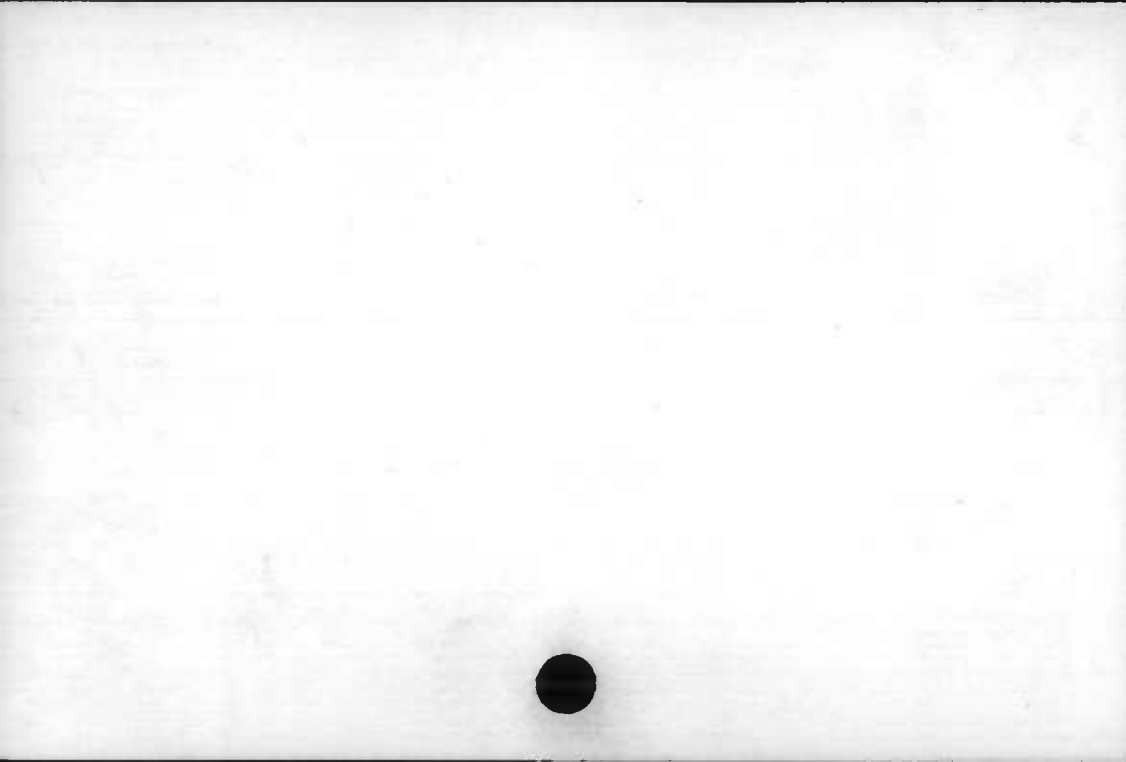
Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

Dr. Gifford
Upper Marlboro
Md

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Agnes V. Lanson
Died at *Marlboro* ^{Town} *D. Les* ^{County}
Date of death *1909 Aug 26* ^{Month} ^{Day} ^{Years} ^{Months} ^{Days}
Sex *Female* ^{Color or Race} *White* ^{Birth-place} *Marlboro*
Occupation *None* ^{Where Residing if not at place of death} *—*
☒ Married, Single *—* ^{Name of Wife or Husband} *—*
Father's Name *John E. Lanson* ^{Father's Birthplace} *F. E. Md*
Mother's Maiden Name *Garner* ^{Mother's Birthplace} *" "*
Names of person giving Information *John E. Garner* ^{How related to deceased} *Grandchild*

CAUSES OF DEATH

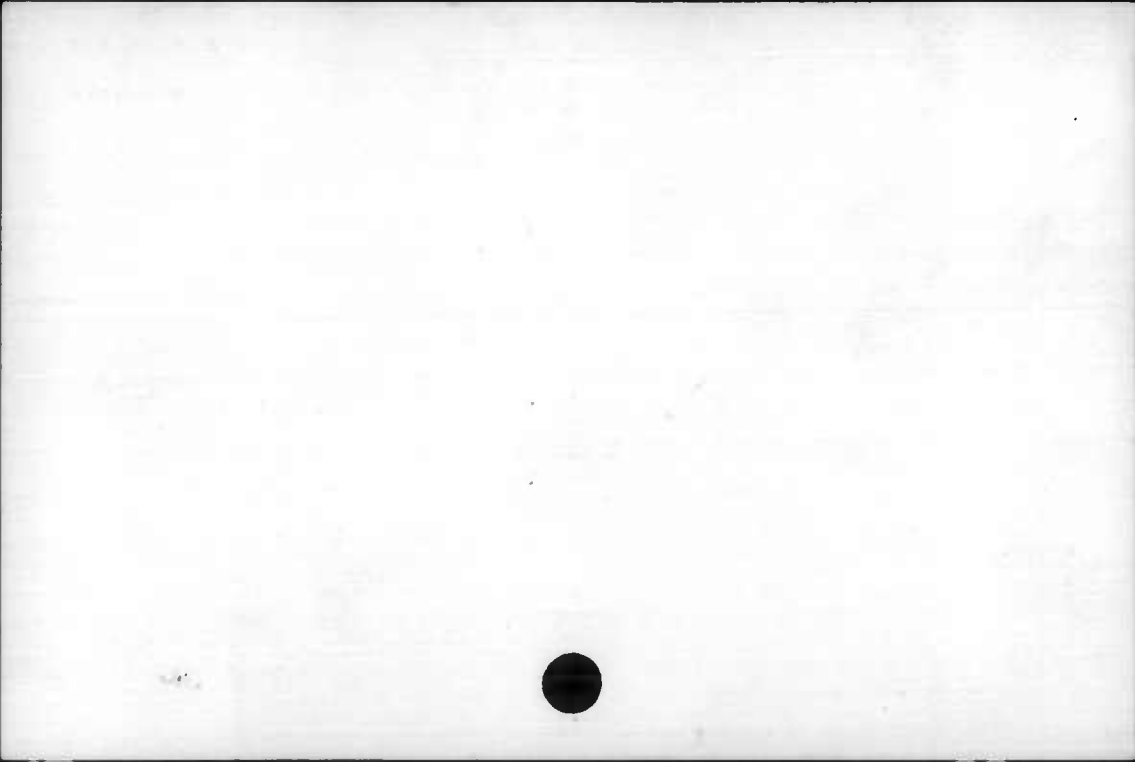
Primary *Cholera Infantum* ^{How long} *105* *3 days*
Immediate ^{How long}

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

Accident or Suicide

PHYSICIAN
OR CORONER



TO BE ANSWERED BY
NEAREST FRIEND

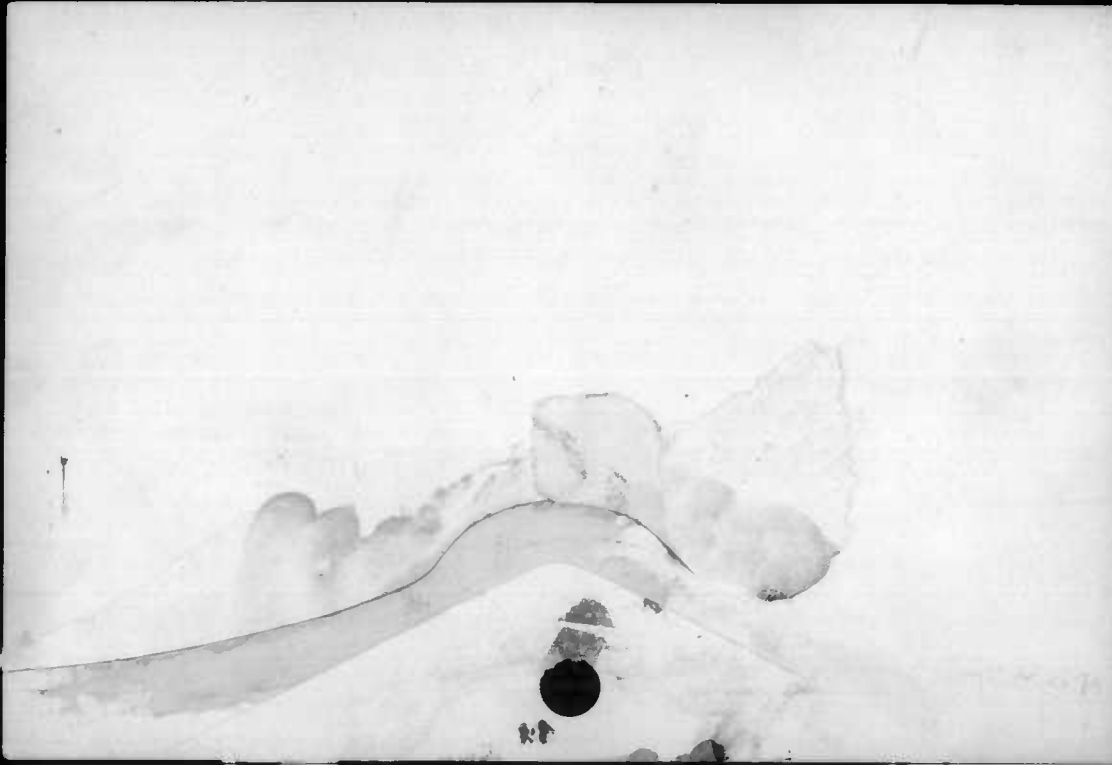
Margaret Emely Mc Grath		Town		County		MARYLAND			
Died at		Maryland Park Prince George		Years		Months		Days	
Date of death		1909 Aug 23		Age		11			
Sex		female		Color or Race		white		Birth-place	
Occupation		Infant		Where Residing if not at place of death				Maryland	
Married, Single or Widowed		single		Name of Wife or Husband					
Father's Name		Henry L. Mc Grath		Father's Birthplace		Hachicall			
Mother's Maiden Name		Hattie Pugh		Mother's Birthplace		Canada			
Name of person giving information		Henry L. Mc Grath		How related to deceased		father			

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

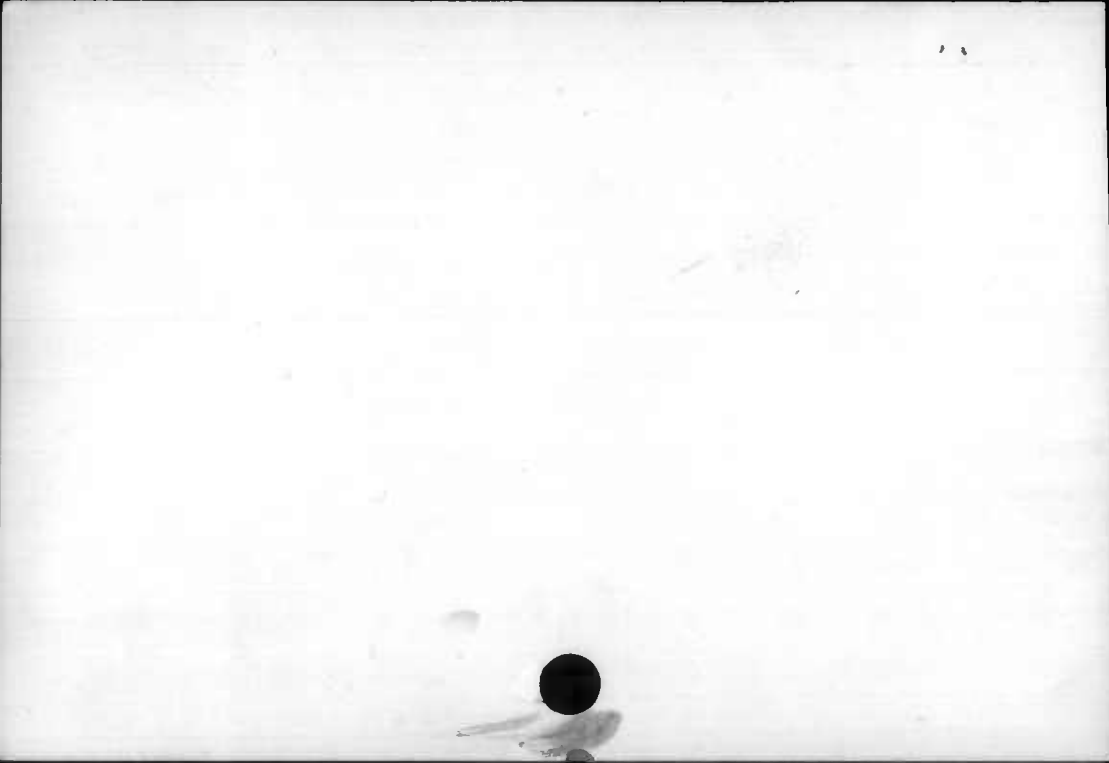
Primary	Gastro-enteritis	How long	1 week
Immediate	asthma	How long	24 hours
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		J M Brady	
Address		Pinebrook, N.C.	
Accident or Suicide?			



Name in Full		Nora Elizabeth Maloney				Certificate of Death	
Died at		Fairmont Heights		Prince Georges		Maryland	
Date of death		Month	Day	Years	Months	Days	
1909 August 3rd				Age Two	Eleven	Three	
Sex Female		Color or Race White		Birth-place Maryland			
Occupation none		Where Residing if not at place of death					
Married, Single or Widowed Single		Name of Wife or Husband					
Father's Name Harry Maloney		Father's Birthplace New York					
Mother's Maiden Name Lucy Hester Maloney		Mother's Birthplace Maryland					
Name of person giving information Harry Maloney		How related to deceased Father					
CAUSES OF DEATH							
Primary		Tuberculous Meningitis				How long Ten days	
Immediate		leoma				How long Three days	
Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician M. H. Price M.D.			
				Address 406 N St N.E. Washington D.C.			
Accident or Suicide							

TO BE ANSWERED BY NEAREST FRIEND

PHYSICIAN OR CORONER



Name in Full		Certificate of Death			
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Brentwood</i> <small>Town</small>		<i>D. Geo.</i> <small>County</small>	
		Date of death <i>1909</i> <small>Month</small> <i>Aug</i> <small>Day</small> <i>3</i> <small>Age</small> <i>62</i> <small>Years</small> <i>7</i> <small>Months</small> <i>7</i> <small>Days</small>		MARYLAND	
		Sex <i>Male</i>		Color or Race <i>White</i>	Birth-place <i>Ma</i>
		Occupation <i>Labourer</i>		Where Residing if not at place of death <input checked="" type="checkbox"/>	
		Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>Thermin Horton</i>		
		Father's Name <i>Leonard A Horton</i>		Father's Birthplace <i>Ind</i>	
Mother's Maiden Name <i>Not known</i>		Mother's Birthplace <i>Woodbury</i>			
Name of person giving information <i>Jessie A Horton</i>		How related to deceased <i>Son</i>			
CAUSES OF DEATH					
PHYSICIAN OR CORONER		Primary <i>Paralysis</i>		How long <i>four months</i>	
		Immediate <i>Heart failure</i>		How long <i>3 weeks</i>	
		Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>H. T. Willis</i>	
		Accident or Suicide? <i>Sw</i>		Address <i>Hyattsville</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

8

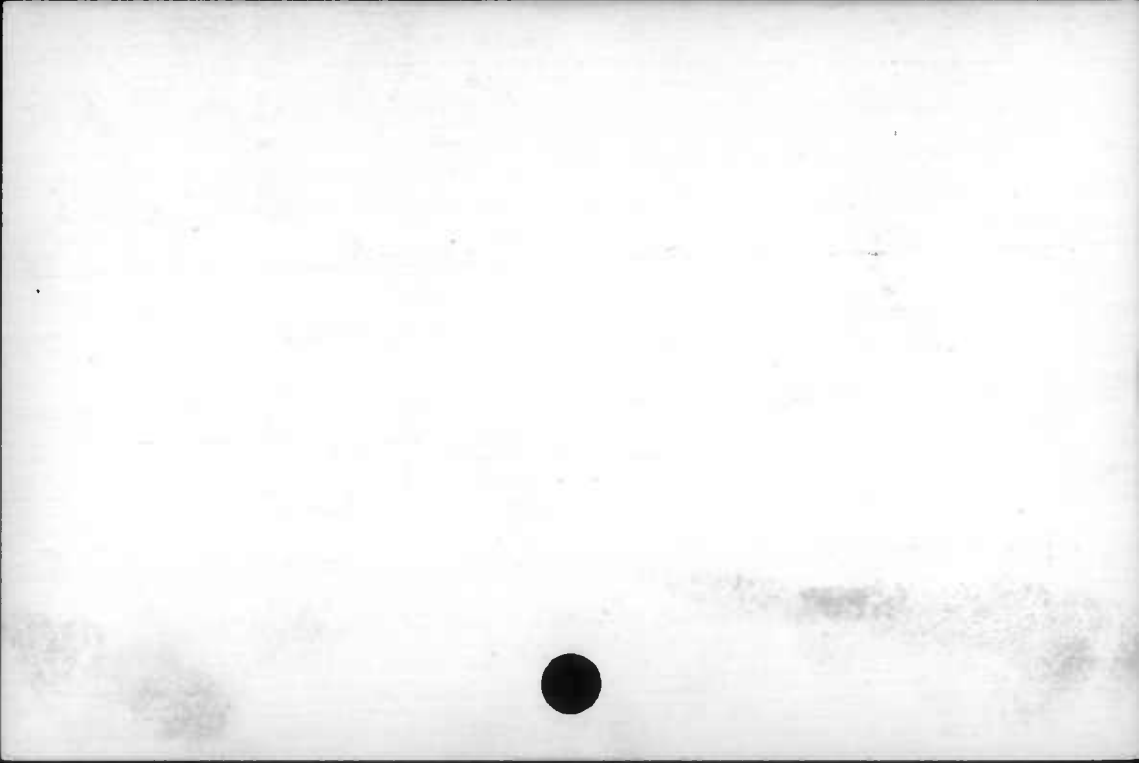
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1909		Aug	27	8		4	10
Sex	Color or Race	Birth-place					
Male	White	Md					
Occupation	Where Residing if not at place of death						
None							
Married, Single or Widowed	Name of Wife or Husband						
Single	—						
Father's Name	Father's Birthplace						
Wm. H. Oliver	Md						
Mother's Maiden Name	Mother's Birthplace						
Virgie L. King	Md						
Name of person giving Information	How related to deceased						
Wm. H. Oliver	Father						

CAUSES OF DEATH

Primary	How long	
Epilepsy	3 yrs	
Immediate	How long	
Cardiac Spasm	Immediate	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	
Yes	H. Marton Dunn	
	Address	
	Aquasco	
Accident or Suicide		
No.		

PHYSICIAN
OR CORONER

C



Name
in
Full

Norman Peck.

CERTIFICATE OF DEATH

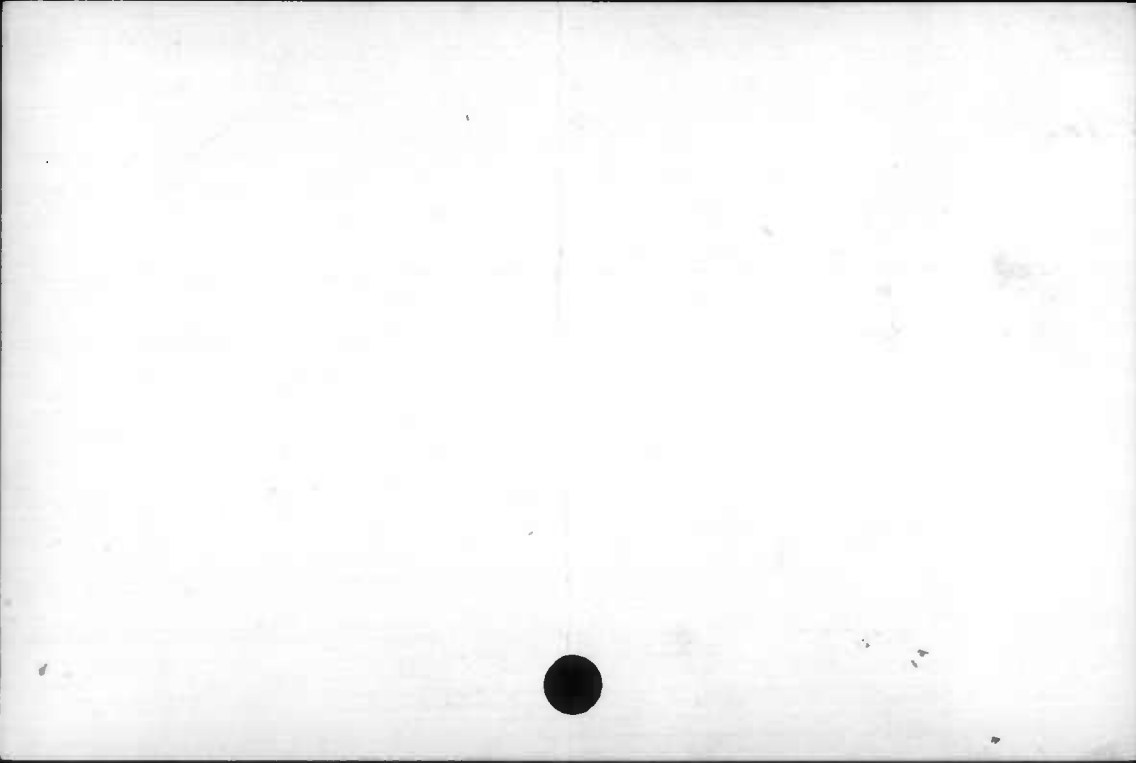
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Wapontown		County Prince Georges Co		MARYLAND	
Date of death		Month 1909	Day August	Age 25	Years 6	Months 9	Days —
Sex Male		Color or Race Black (African or Colored)		Birth- place Washington, D.C.			
Occupation Chief				Where Residing if not at place of death —			
Married, Single or Widowed		Single		Name of Wife or Husband —			
Father's Name George Peck				Father's Birthplace Maryland			
Mother's Maiden Name Alice Peck				Mother's Birthplace Maryland			
Name of person giving Information George Peck				How related to deceased Father			

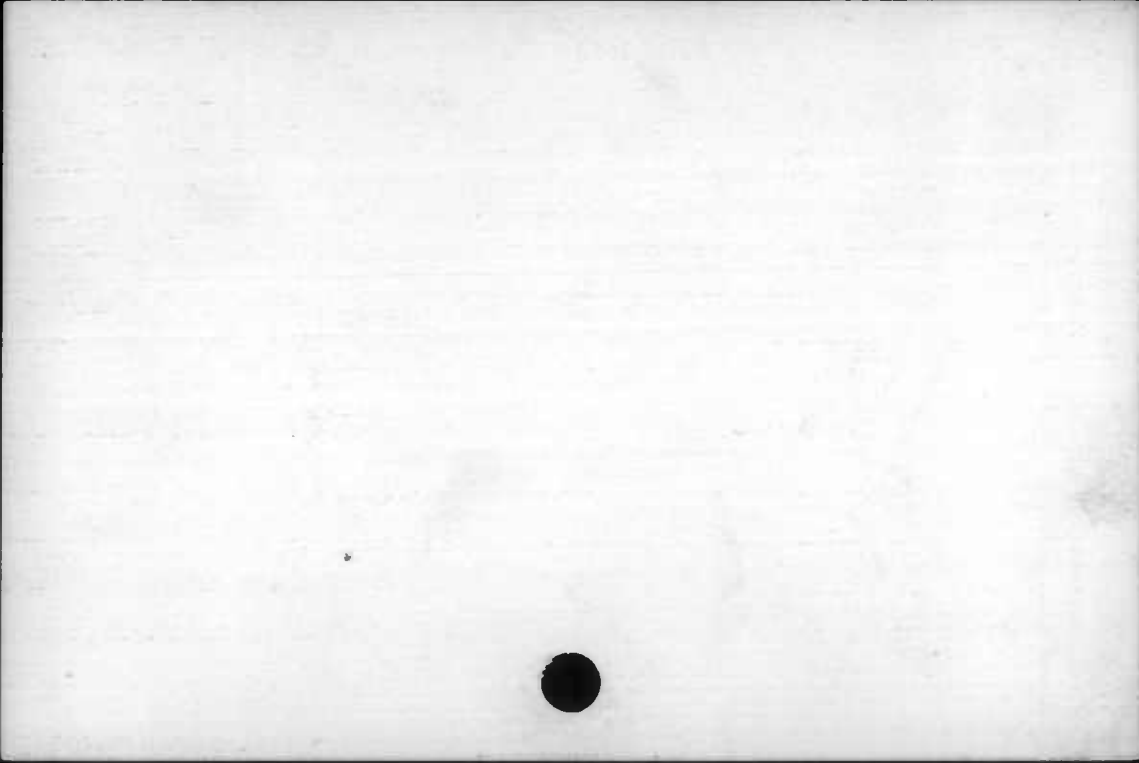
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Typhoid Fever	How long	4 weeks.
Immediate	Cerebral Hemorrhage + Exhaustion	How long	1 week.
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		Charles M. Emmons M.D.	
Address		Sutland Maryland.	
Accident or Suicide		—	



Name in Full		Elizabeth Proctor				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Benoyu Town		C. Geo. County		
		Date of death		1909	Aug	20	Age	Since born
		Sex		Female		Color or Race		Colored
		Occupation				Birth-place		Benoyu Md
		Where Residing if not at place of death						
Married, Single or Widowed				Name of Wife or Husband				
Father's Name		Henry Proctor				Father's Birthplace		Md
Mother's Maiden Name		Isabell Linkins				Mother's Birthplace		Md
Name of person giving information		Henry Proctor				How related to deceased		Father
		CAUSES OF DEATH						
PHYSICIAN OR CORONER		Primary		Since born		How long		8
		Immediate				How long		
		Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		A. H. H. H. H.		
				Address		Benoyu Md.		
Accident or Suicide?								



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Not-named = Still Birth, All

Town County

Died at Mt. Ranier Potlano. MARYLAND

Date of death 1909 Aug. 21 Age Still Born Months Days

Sex Female. Color or Race White Birth-place Mt. Ranier.

Occupation _____ Where Residing if not at place of death r. l

Married, Single or Widowed _____ Name of Wife or Husband _____

Father's Name Fred R. St. Rsh. Father's Birthplace N.Y. City.

Mother's Maiden Name Julia F. Knight- Mother's Birthplace

Name of person giving Information F. R. St. Rsh. How related to deceased Wash D.C.

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Still Born How long _____

Immediate _____ How long _____

Are the name, age, sex, color, date and place correctly given above? Yes. Signature of Physician R. A. Bennett M.D.

Address Rivindale Md.

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

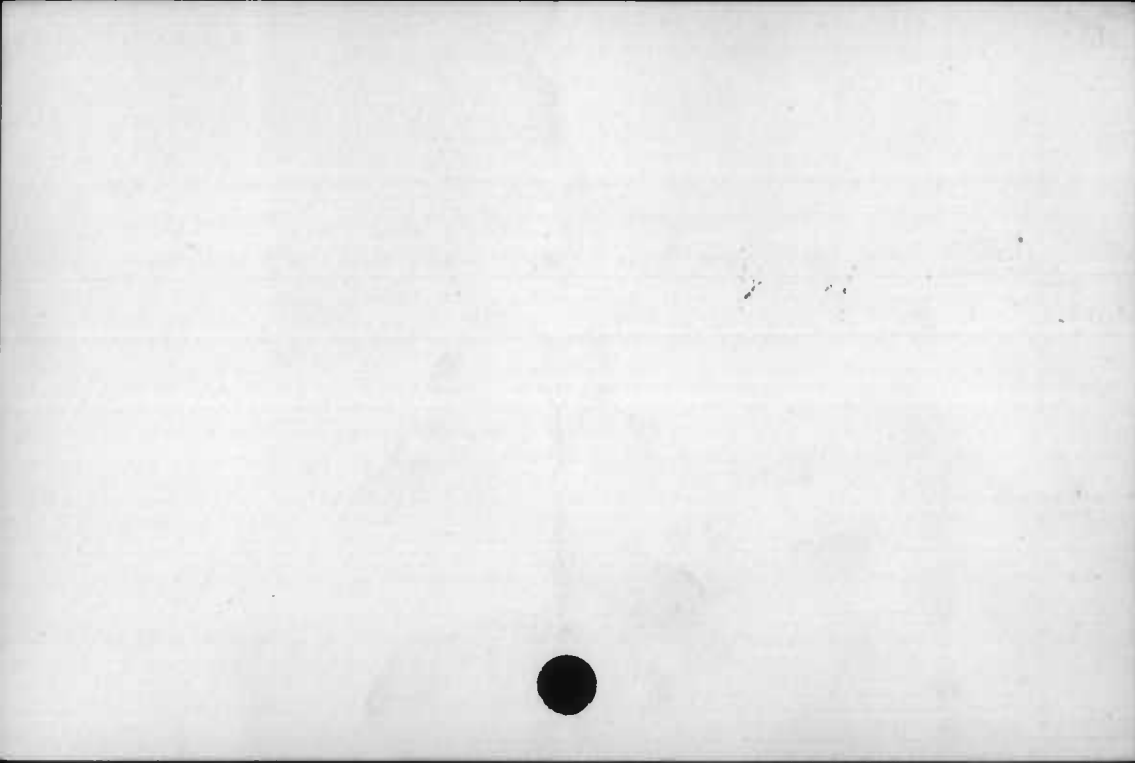
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Sargene B Rhine</i>		Town <i>Beltville</i>		County <i>Primer</i>		State <i>MD</i>	
Died at <i>Beltville</i>		Date of death <i>1909 Aug 26</i>		Age <i>81</i>		Months <i>5</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Mayland</i>		Days <i>-</i>	
Occupation <i>Farmer</i>		Where Residing <i>at place of death</i>		Name of Wife or Husband <i>Mahalah</i>		Married, Single or Widowed <i>Single</i>	
Father's Name <i>Burge Rhine</i>		Mother's Maiden Name <i>Mahalah Harvey</i>		Father's Birthplace <i>MD</i>		Mother's Birthplace <i>MD</i>	
Name of person giving information <i>Richard H Rhine</i>		How related to deceased <i>Son</i>		How long <i>93</i>		How long <i>about 5 days</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>		How long <i>about 5 days</i>	
Immediate <i>Weakness & Prostration</i>		How long <i>" " "</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>C. A. Fox</i>	
Address <i>Beltville MD</i>		Accident or Suicide? <i>No</i>	



Name
in
Full

Eliz. May Riley.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Samuel. Town Penine Co. County MARYLAND
Date of death 190 9 Aug Month 8 Day Age 7 Years 3 Months Days
Sex Female Color or Race White Birth-place Samuel. Md.
Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed Single Name of Wife or Husband _____
Father's Name Chas. Riley Father's Birthplace Va-
Mother's Maiden Name Pearl Thompson Mother's Birthplace Va-
Name of person giving information Chas. Riley How related to deceased Father.

CAUSES OF DEATH

Primary Lebbera Infarction How long 105 days.
Immediate _____ How long _____

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician W. C. Stanley
Address Samuel

Accident or Suicide no.

PHYSICIAN
OR CORONER



Name
in
Full

Susie May Seaton

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Silver Hill P G County
Date of death 1909 Aug 3 Age 7 Months 7 Days —
Sex Female Color or Race White Birth-place Va
Occupation none Where Residing if not at place of death —

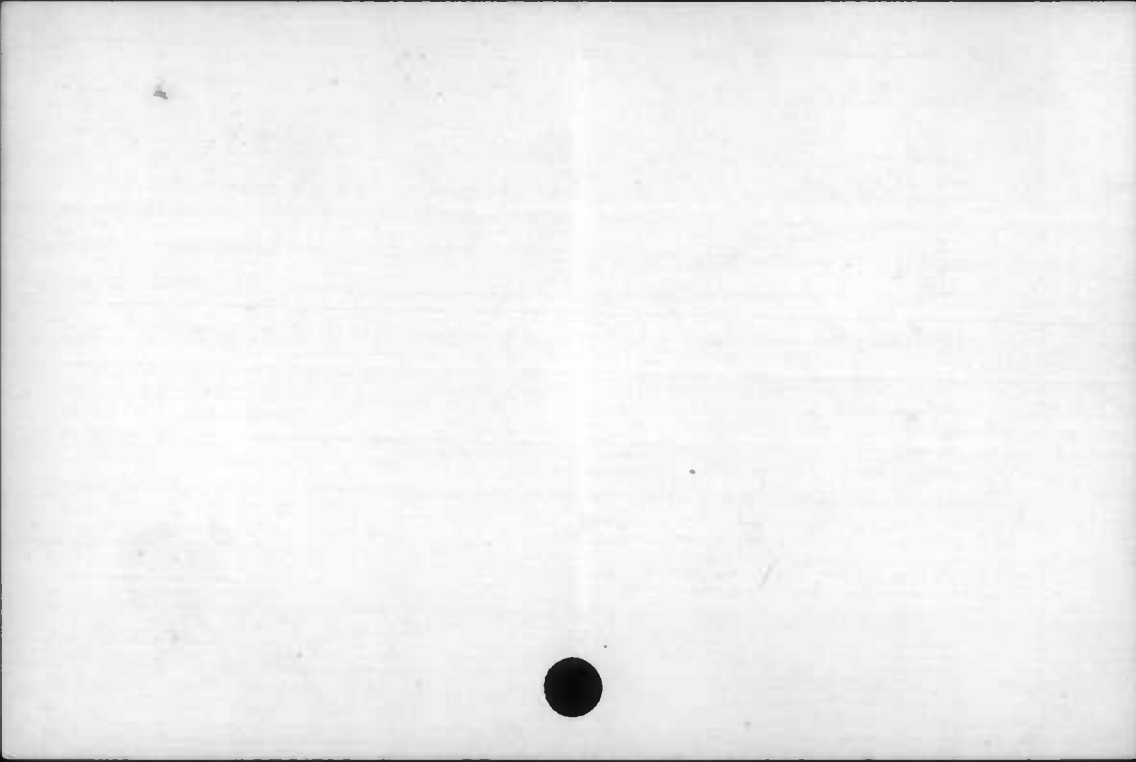
Married, Single or Widowed Single Name of Wife or Husband —
Father's Name James W Seaton Father's Birthplace Va
Mother's Maiden Name Susie Lyons Mother's Birthplace Va
Name of person giving information James W Seaton How related to deceased Father

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary Septicemia How long 2 months
Immediate Cholera Infantum How long 24 hrs
Are the name, age, sex, color, date and place correctly given above? yes
Signature of Physician J E Sansbury
Address Boulevard
Accident or Suicide? neither



Name
in
Full

CERTIFICATE OF DEATH

Marie Spigge

Town

County

Died at New Zealand

MARYLAND

Date

Month

Day

Years

Months

Days

of death 1909

8

15

Age

7

Sex

Female

Color or
Race

Colored

Birth-
place

Md

Occupation

None

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

Addison Spigge

Father's
Birthplace

Md

Mother's
Maiden Name

Ida Hanson

Mother's
Birthplace

Md

Name of person giving
Information

Addison Spigge

How related
to deceased

Father

CAUSES OF DEATH

Primary

Whooping Cough

How long

8 weeks

Immediate

Are the name, age, sex, color, date
and place correctly given above?

yes

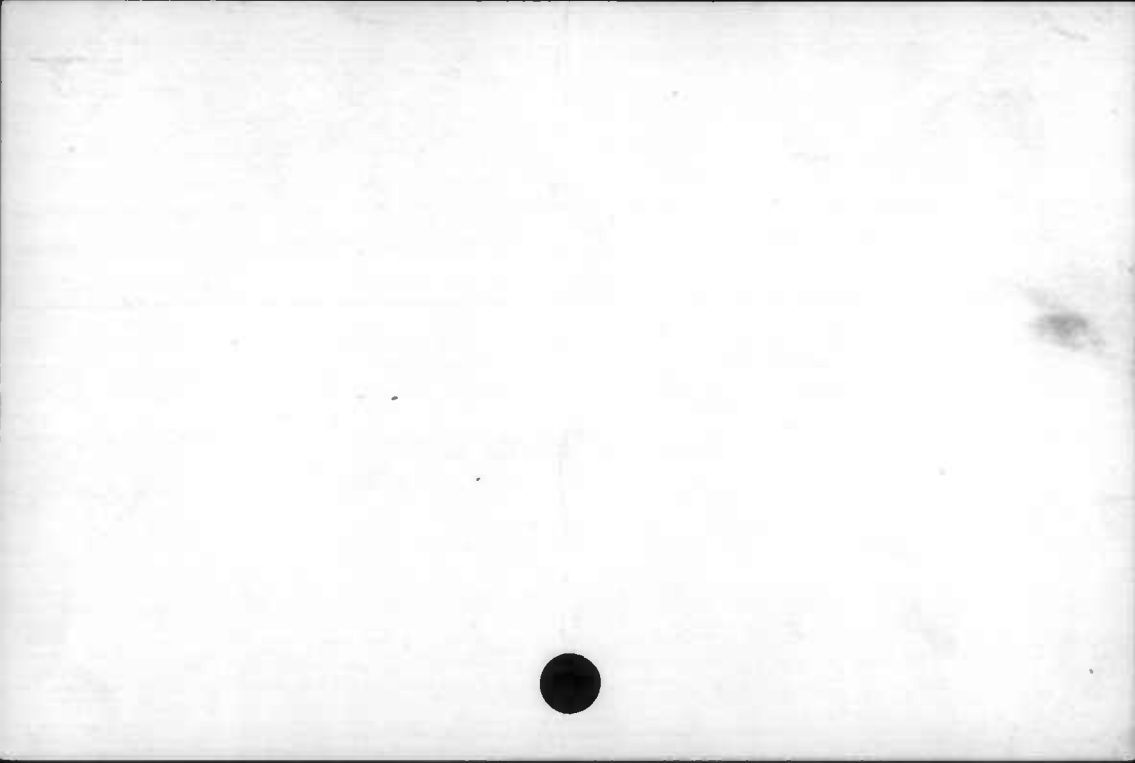
Signature of
Physician

Address

Reverdy J. Jansar
ap. Madison
Md.

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Bugary's Town Point* CountyBuried in *Potomac River*Date of death *1909* Month *8* Day *24* Age *35* Years Months DaysSex *Male* Color or Race *White* Birth-place *Va.*Occupation *Real Estate Broker* Where Residing if not at place of death *Washington D.C.*Married, Single or Widowed *Unknown* Name of Wife or HusbandFather's Name *Don't know* Father's Birthplace *Unknown*Mother's Maiden Name *Don't know* Mother's Birthplace *Unknown*Name of person giving information *E. A. Porter* How related to deceased *none*

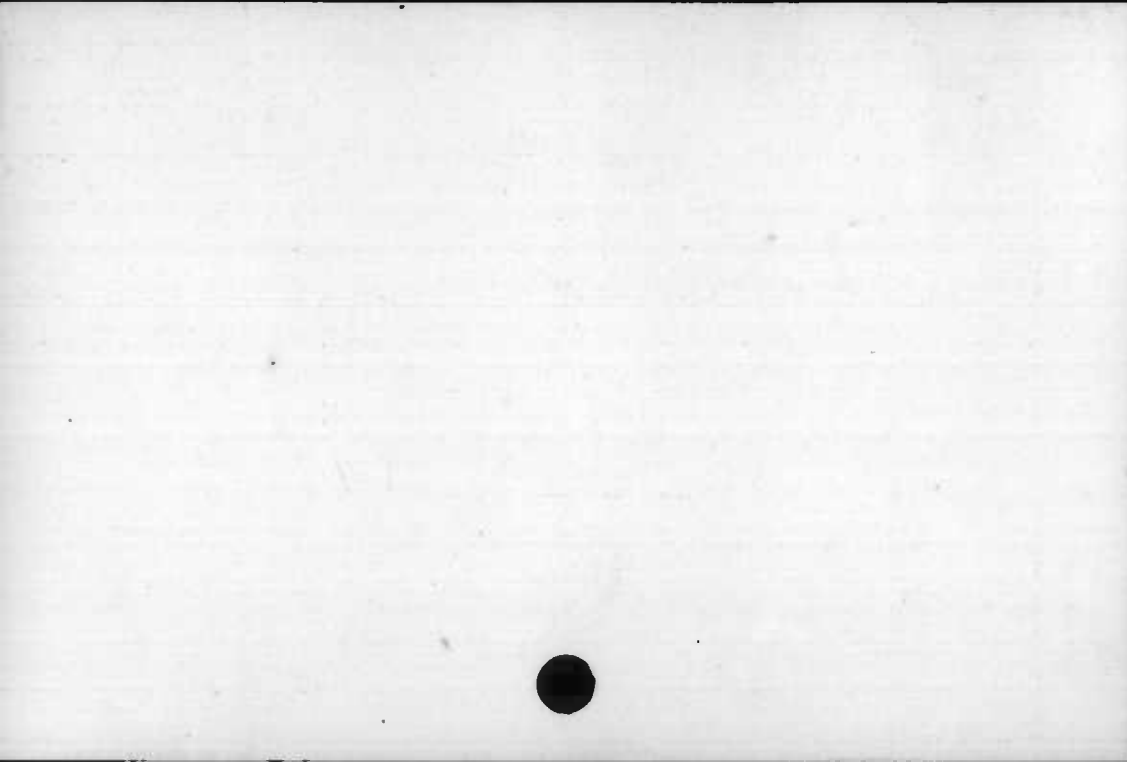
CAUSES OF DEATH

172

How long

How long

PHYSICIAN
OR CORONERPrimary *Drowning*Immediate *Drowning*Are the name, age, sex, color, date and place correctly given above? *Yes*Signature of Physician *E. A. Porter*Address *Piscataway, Md.*Accident or Suicide? *Unknown*



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Katherine A. Starr.

Town

County

MARYLAND

Died at

Date

of death

1909

Month

Aug

Day

22

Years

Age

64

Months

Days

Sex

Female

Color or
Race

Caucasian

Birth-
place

Va.

Occupation

Housewife

Where Residing if not
at place of death

Same as above.

Married, Single
or Widowed

Widowed

Name of Wife or
Husband

Wm

Starr

Father's
Name

H. Stanton Spicer

Father's
Birthplace

Va.

Mother's
Maiden Name

Amanda E. Walker

Mother's
Birthplace

Va.

Name of person giving
Information

Rich Spicer

How related
to deceased

Widower

CAUSES OF DEATH

Primary

apoplexy

How long

64
3 hours.

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

D. R. C. Hanley.

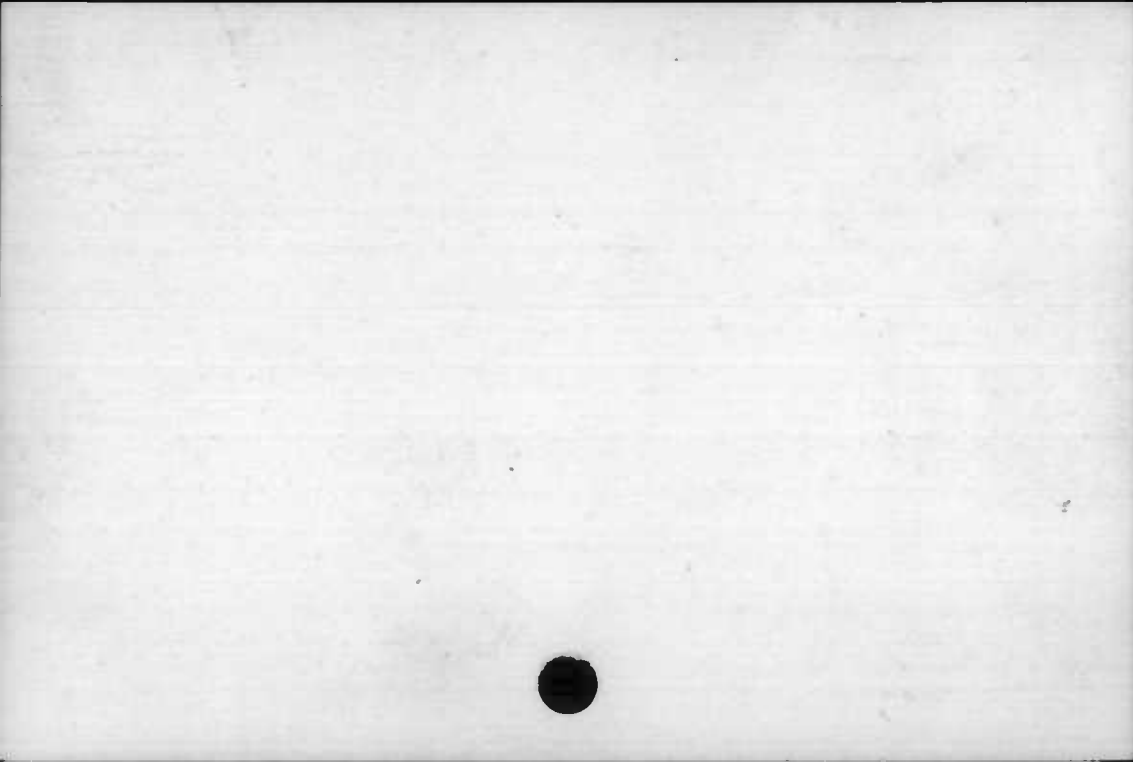
Same

as above.

Accident or Suicide?

No.

PHYSICIAN
OR CORONER



Name
in
Full

Elspeth Stimson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Hyattsville</i>		County <i>Prince George</i>		MARYLAND	
Date of death		Month <i>August</i>	Day <i>15th</i>	Years <i>2</i>	Months <i>1</i>	Days <i>18</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Washington DC.</i>			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband					
Father's Name <i>Arthur M. Stimson</i>		Father's Birthplace <i>Rome N.Y.</i>					
Mother's Maiden Name <i>Sarah Boyd</i>		Mother's Birthplace <i>Irvington R.I.</i>					
Name of person giving Information <i>Arthur M. Stimson</i>		How related to deceased <i>Father.</i>					

CAUSES OF DEATH

172

Primary	<i>Drowning</i>	How long	<i>20 min</i>
Immediate	<i>"</i>	How long	<i>"</i>
Are the name, age, sex, color, data and place correctly given above?		Signature of Physician <i>Thos. E. Ratterman M.D.</i>	
<i>yes</i>		Address <i>Hyattsville Md.</i>	
Accident or Suicide <i>accident</i>			

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

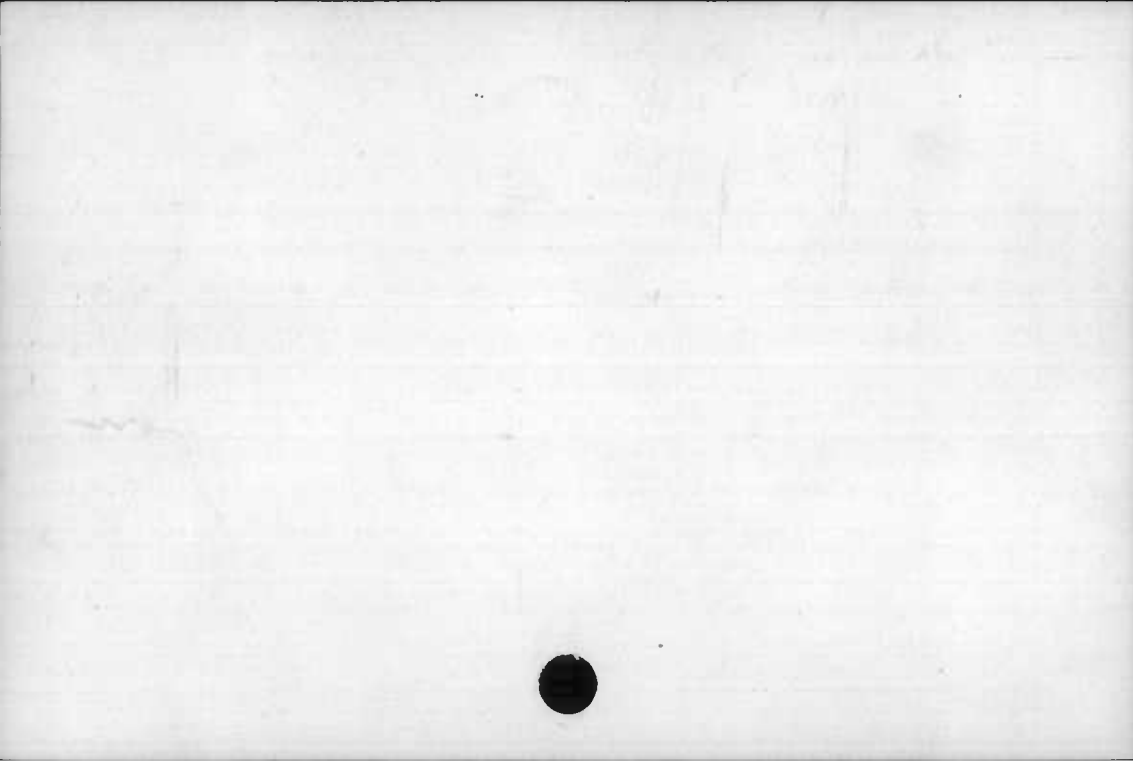
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Tow		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1909		Aug	3				16
Sex	Color or Race	Birth-place					
Female	White	Samuel East					
Occupation		Where Residing if not at place of death					
None							
Married, Single or Widowed		Name of Wife or Husband					
Single							
Father's Name		Father's Birthplace					
Clinton Sullivan		East					
Mother's Maiden Name		Mother's Birthplace					
Viola Federline		East					
Name of person giving information		How related to deceased					
Clinton Sullivan		Father					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Transition	How long	151 days
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		W. R. C. Harey	
		Address	
		Samuel East	
Accident or Suicide?			
No			



Name
in
Full

Bernard Thomas

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Laurel ^{Town} Prince George's ^{County} **MARYLAND**

Date of death 1909 ^{Month} August ^{Day} ✓ ^{Years} — ^{Months} 1 ^{Days} 25

Sex Male Color or Race Colored Birth-place Laurel Md.

Occupation — Where Residing if not at place of death —

Married, Single or Widowed Infant Name of Wife or Husband —

Father's Name Wilson Thomas Father's Birthplace Md

Mother's Maiden Name Elizabeth Mathews Mother's Birthplace Md.

Name of person giving information Elizabeth Mathews How related to deceased Mother

CAUSES OF DEATH

151

PREPARED
FOR CORONER

Primary Infant ^{How long} Probably since birth

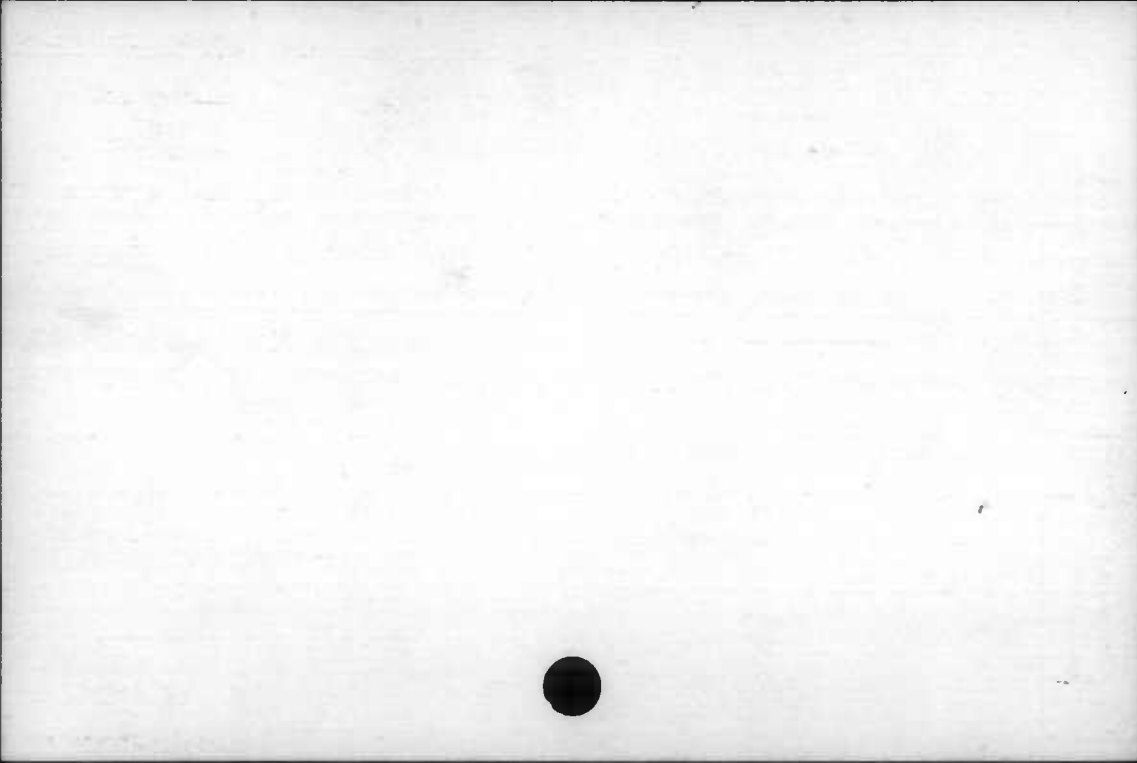
Immediate Premature birth ^{How long} —

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician Henry F Frost
Laurel Md
coroner

Address —

Accident or Suicide? —



Name
in
Full

Allen Tillman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Barnaby		Prince Geo		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1909		August	24	4	8	10	
Sex	Male	Color or Race	Black	Birth-place	Maryland		
Occupation	Child			Where Residing if not at place of death	Barnaby		
Married, Single or Widowed		Name of Wife or Husband					
Father's Name	Wm Tillman				Father's Birthplace	M-d	
Mother's Maiden Name	Maggie Hall				Mother's Birthplace	M-d	
Name of person giving Information	Wm Tillman				How related to deceased	Father	

CAUSES OF DEATH

Primary	Meningitis	How long	Two weeks
Immediate	Convulsions	How long	1 day
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	J. M. Parker M.D.
		Address	Congress Heights D.C.
Accident or Suicide			

PHYSICIAN
OR CORONER



Name in Full *Albert William Van Valkenburg*

CERTIFICATE OF DEATH

MARYLAND

Died at *Lakeland* Tcwn *Pr. Geo.* County
 Date of death *1909* *Aug* *7* *Age* *—* *Years* *—* *Months* *—* *Days* *12*

Sex *Male* Color or Race *white* Birth-place *Lakeland md*

Occupation *—* Where Residing if not at place of death *—*

Married, Single or Widowed *—* Name of Wife or Husband *—*

Father's Name *William Van Valkenburg*

Father's Birthplace *New York*

Mother's Maiden Name *Christine Donckas*

Mother's Birthplace *Ohio*

Name of person giving information *M^{rs} Van Valkenburg*

How related to deceased *Father*

CAUSES OF DEATH

151
How long *—*

Primary *Premature birth*

Immediate *Icterus. Transition*

How long *—*

Are the name, age, sex, color, date and place correctly given above? *yes*

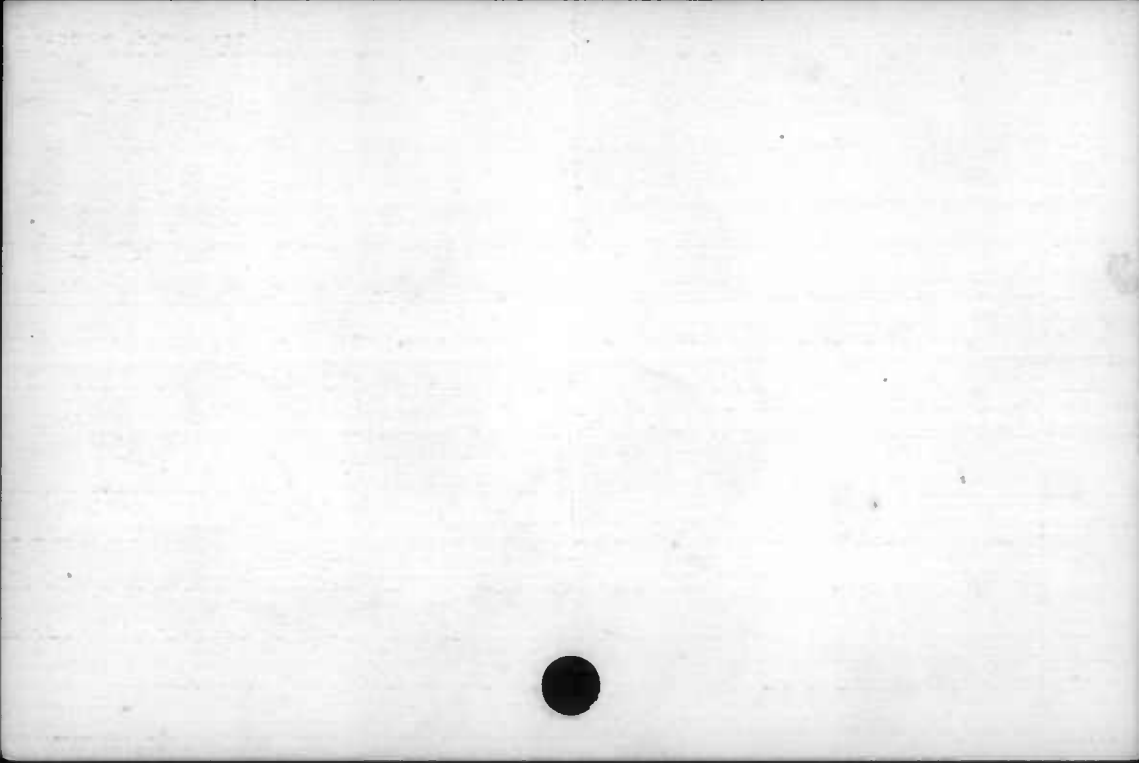
Signature of Physician *A. E. Etienne*

Address *Berwyn md*

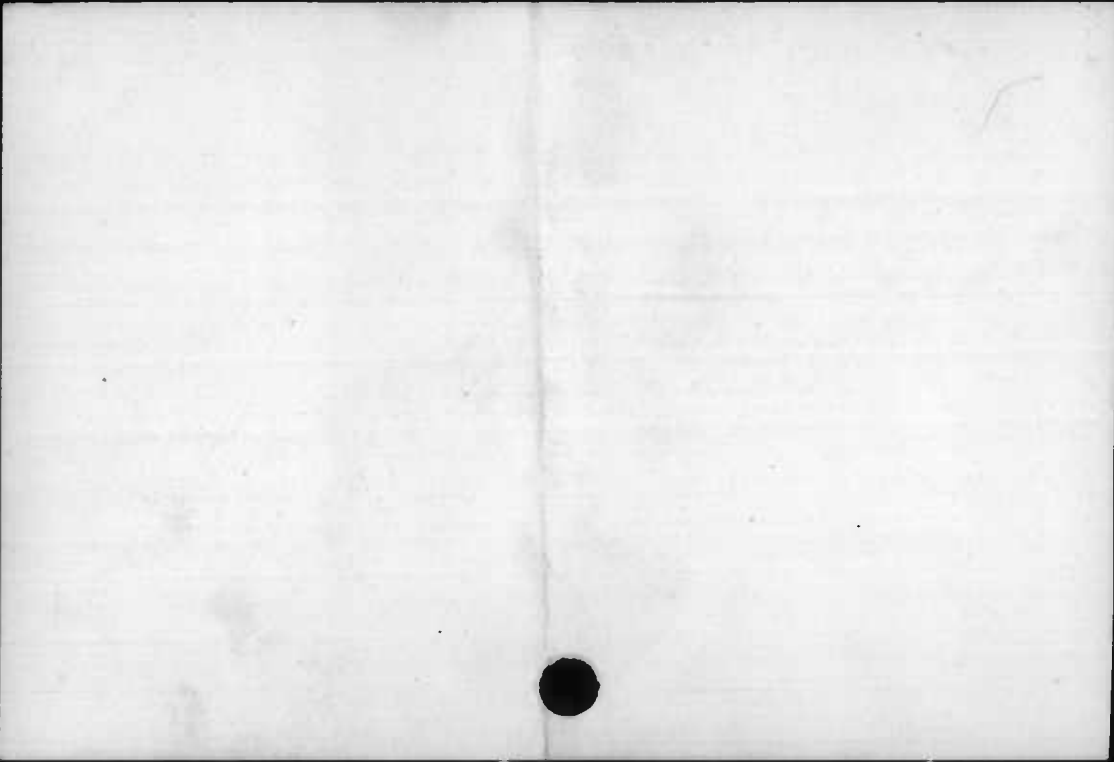
Accident or Suicide? *—*

TO BE ANSWERED BY NEAREST FRIEND

PHYSICIAN OR CORONER



Name in Full		Edward Windsor				CERTIFICATE OF DEATH	
Died at		Seat Pleasant		P. H.		MARYLAND	
Date of death		1909	Aug	16	Age	1	12
Sex		male		Color or Race		white	
Occupation		infant		Birth-place		Md.	
Where Residing if not at place of death							
Married, Single or Widowed				Name of Wife or Husband			
Father's Name		Eugene Windsor				Father's Birthplace	
Mother's Maiden Name		Fannie Ferguson				Mother's Birthplace	
Name of person giving information		Eugene Windsor				How related to deceased	
						father	
		CAUSES OF DEATH				105	
Primary		Gastro-enteritis				How long	
						5 weeks	
Immediate		asthenia				How long	
						1 day	
Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		J M Bradley	
				Address		1 Kenilworth, D.C.	
Accident or Suicide?							



Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Woodmore</i>		Town <i>Woodmore</i>		County <i>D.C.</i>	
Date of death	1909	Month	Aug	Day	29
Age		Years		Months	Days
Sex	Female		Color or Race	White	
Occupation	Homemaker		Birth-place	Rt. Co. Md.	
Where Residing if not at place of death					
Married, Single or Widowed	Widow		Name of Wife or Husband	James M. Wood	
Father's Name	Jas. Duggins		Father's Birthplace	Md.	
Mother's Maiden Name	Hutcheon		Mother's Birthplace	Md.	
Name of person giving information	James Wood		How related to deceased	Son	

CAUSES OF DEATH

Primary

Immediate

Are the name, age, sex, color, date and place correctly given above?

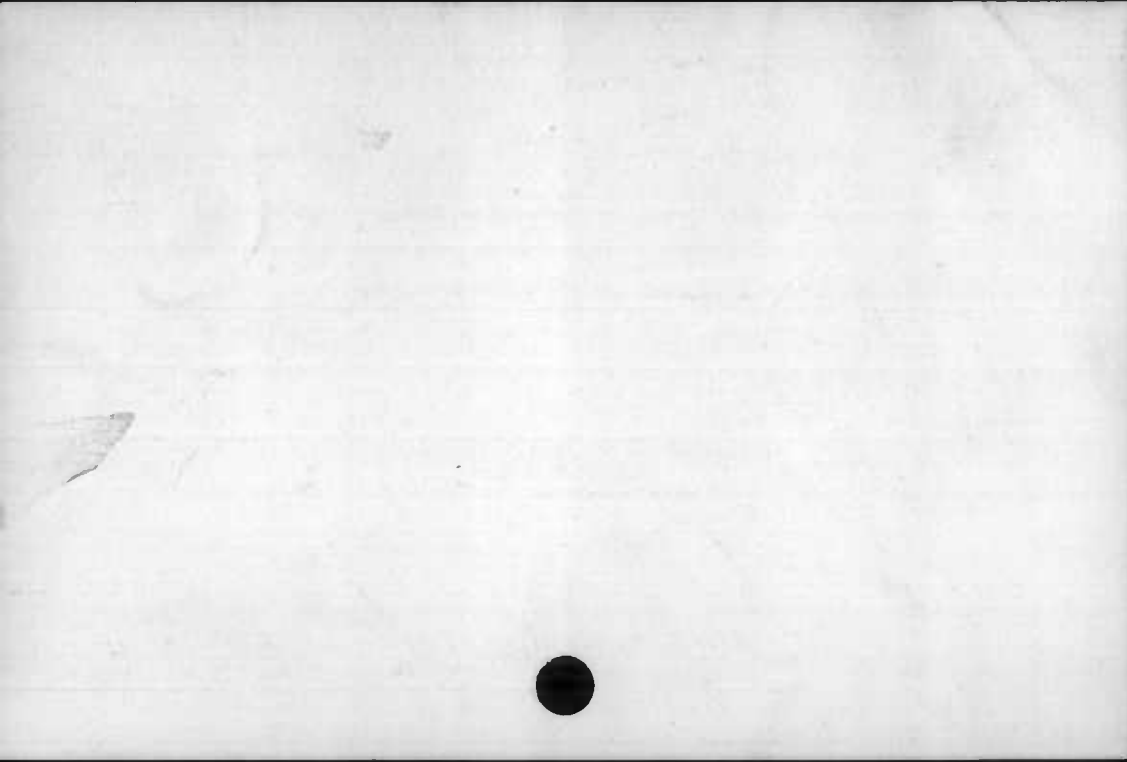
Signature of Physician

Address

Accident or Suicide?

How long

How long



Name
in
Full

CERTIFICATE OF DEATH

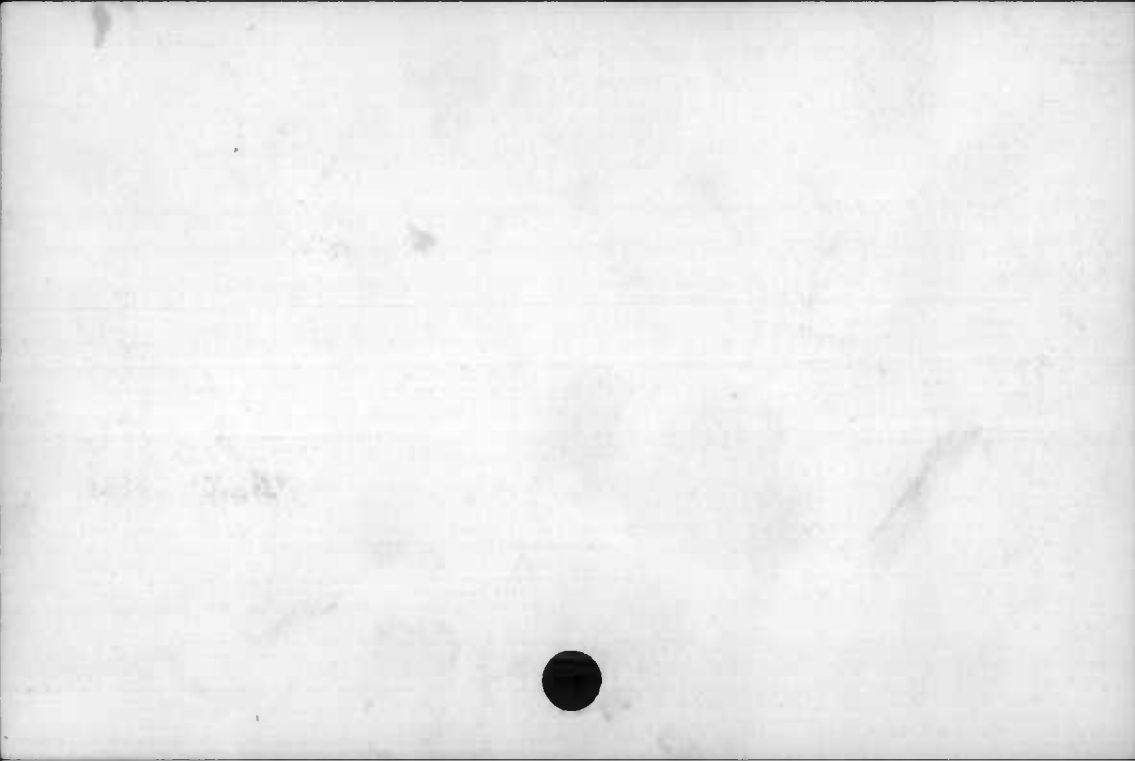
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full James Oscar Wrenn		Town Int. Ranier		County Pr. Geo.		State MARYLAND	
Date of death 1909		Month Aug.	Day 10	Age 62	Years 10	Months 20.	Days 20.
Sex Male		Color or Race White		Birth-place Va.			
Occupation Merchant		Where Residing if not at place of death Int. Ranier					
Married, Single or Widowed Married		Name of Wife or Husband Lula Wrenn					
Father's Name Oscar		Father's Birthplace Va					
Mother's Maiden Name Rigg		Mother's Birthplace Va					
Name of person giving information J. C. Wrenn & Lula Wrenn		How related to deceased Son & Wife					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Arterio Sclerosis	How long 2 years
Immediate Congestion of Brain	How long 2 years
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician PA Bennett M.D.
	Address Rivindale
Accident or Suicide? _____	Ind.



Name
in
Full

CERTIFICATE OF DEATH

To the Jury unknown-white man
 Town Potosi River Prince Georges County

MARYLAND

Died at Date of death 1909 Aug 30 Age 45 2 48 Months Days

Sex Male Color or Race White Birth-place don't know

Occupation don't know Where Residing if not at place of death don't know

Married, Single or Widowed don't know Name of Wife or Husband don't know

Father's Name don't know Father's Birthplace don't know

Mother's Maiden Name don't know Mother's Birthplace don't know

Name of person giving Information W.B. Morgan J.P. act Coroner How related to deceased no relations

CAUSES OF DEATH

172

Primary Drown. How long 7 1/2 15 days

Immediate Drown. How long 7 1/2 15 days

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician W.B. Morgan J.P. act Coroner

Address Accokeek B. G. Co

To the best of my knowledge

Accident or Suicide Can't tell - don't know

this Aug. 30, 1909.

Maryland.

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Coroners Jury on within call
W. T. Lindsey - Foreman
John T. Coalf
Jno T Clapett
Asm. Clapett Jr.
B W Cook
Fred W Kander
A. B. Bryan
Frank Pickrell
Julian Willett
W E Pickrell
Burnet Coomes
Frank Penn